An Exploration of the Role of the Staff Nurse, Development Officer and Client Support Officer within Action Mental Health Services

AN EXPLORATION OF THE ROLE OF THE STAFF NURSE, DEVELOPMENT OFFICER AND CLIENT SUPPORT OFFICER WITHIN ACTION MENTAL HEALTH SERVICES

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Section 1: Introduction, Aims and Objectives

Introduction

Action Mental Health's core activities are undertaken through the New Horizon Health and Training Units and Accept Services located across Northern Ireland. Every year, over 800 adults are referred to Action Mental Health by Community Mental Health Teams or other professionals and these adults become involved in the activities of the New Horizon Units and Accept Services. (www.actionmentalhealth.org.uk). The services offer a range of training to these adults tailored to the individual needs of people recovering from a mental illness. Programmes offered by Action Mental Health have changed considerably in recent years and this trend is set to continue. Training currently provided is in four specific areas:

1. Pre-vocational training aimed at developing basic skills such as literacy and numeracy.
2. Vocational training aimed at providing opportunities to achieve accredited training including National Vocational Qualifications.
3. Personal development training.
4. Social/Recreational development.

There are eight New Horizons Units in Northern Ireland located as below:

- Newry and Mourne;
- Downpatrick;
- Antrim;
- Fermanagh;
- Foyle;
- Belfast;
- Newtownards;
- Craigavon & Banbridge

In addition to this, there are two areas with Accept services as below:

- Bangor
- Lisburn

Each service has one of the following posts as part of the staff team:

- Staff Nurse;
- Client Support Officer;
- Development Officer;
- Mental Health Development Worker;
- Project Co-ordinator

For the purpose of this research, the Project Co-ordinator will be considered in the same category as the Development Officer as their duties are very similar.

Aim of the study:

The aim of the study is to investigate the role of the staff nurse, development officer and client support officer and to explore how this role will develop in the future.

Objectives of the study:

The objectives of this study include:

- Exploring this development role to compare and contrast aspects of the role across the Action Mental Health Services;
- Gaining insight into the view of managers towards the role;
- Exploring the perceptions of the post holders towards their role;
- Examining the client profile for Action Mental Health Services, for example, presenting needs, diagnoses);
- Examining the range of posts and job specifications relative to the Northern Ireland Social Care Council (NISCC) registration of the workforce and associated qualifications framework for the social care sector and the potential impact of the findings of the Northern Ireland Review of Mental Health and Learning Disability;
- Reporting on the findings of the study and making recommendations based on the data collected;
- Informing the future development of mental health services.

Section 2: Methodology

Introduction

A mixed method approach was the most appropriate research design to address the research objectives within this study. The study was conducted over a three-month period and was divided into four distinct phases.

Phase 1: Interviews with managers

Phase 2: Interviews with post holders

Phase 3: Client Profiling of Action Mental Health service users in New Horizon and Accept Services

Phase 4: Case Studies

Phase One: Interviews with Managers

Within phase one of this study, randomly selected managers of the New Horizons Units (n=5) were interviewed to explore their views of the development officer, client support worker and staff nurse roles.

A semi-structured interview schedule was devised in consultation with the research team and was based on the aims and objectives outlined in the research proposal (See Appendix 1). The schedule dealt with a range of issues including the duties undertaken within the role, issues arising from the post holder being or not being a registered nurse, clinical aspects of the role, the key drivers behind the role, perceived value for money, the infrastructure established to support the role and reasons for recruitment difficulties.

Potential participants were contacted by letter and invited to take part in this study. The letter included an explanation of the project, gave reassurances regarding confidentiality and asked participants to return a signed consent form if willing to take part. All potential participants agreed to be involved in the study and were subsequently interviewed.

Phase Two: Interviews with Post Holders

Staff identified as working in one of these roles were invited to take part in a semi-structured interview. Three members of staff were selected for case study and were excluded from this stage for that reason. One person from each of the three different roles was selected for case study. The remaining eight members of staff were approached to take part in this phase of the study.

An information session was organised for all post holder's in which a member of the research team presented the research proposal, outlined the steps involved and answered any questions relating to the research. Eight post holders were invited to participate and were sent a letter detailing the nature and purpose of the research and reassuring them of issues of confidentiality. These potential participants were written to and asked to sign and return the enclosed consent form if they were willing to be interviewed. All potential participants agreed to be involved in the study. The final sample for phase two of the research was made up of three staff nurses, one client officer workers and four development officers.

To avoid interview bias, all interviews were undertaken by a Research Associate who was unknown to the participants but who had good experience in research interviewing.

A semi-structured interview schedule was devised in consultation with the research team and was based on the aims and objectives outlined in the research proposal (See Appendix 2). A range of issues were explored within the post holder interviews including post holder's preparation for the role, day-to-day duties, expectations of the role, motivators of the role, perceptions of the role, salary, clinical aspects of the role, the infrastructure established to support the role and issues arising from the post holder being or not being a registered nurse.

The schedules were designed to explore the post holder's perceptions of their roles and to ascertain the perceived impact of the role. The semi-structured interview approach allows the researcher to probe particular areas of interest and it permits comparison between participants in the same study and can be applicable to other similar settings. Furthermore, face to face interviews can enhance research validity (Parahoo, 1997).

Phase Three: Client Profiling

An examination of the client profile and trends was also undertaken for both the New Horizon Accept Services. The purpose of this profiling exercise was to explore the implications of the client profile In relation to how the post holders are prioritising their work and future requirements based on mental health trends in NI. Client profile information was accessed through Action Mental Health's Client Database system and provided by the Human Resource Manager for Action Mental Health. The information included:

- Age;
- Gender;

- Diagnosis;
- Length of stay.

Phase Four: Case Studies

Case studies were undertaken with three post holders representing the three job titles within Action Mental Health i.e. a staff nurse, client support officer and a mental health development worker. All the post holders were organised according to their job title and three post holders were randomly selected from each stratum. When selected the post holders were sent an explanatory letter inviting them to partake, a participant information sheet with answers to expected questions, a consent form and a stamped address envelope. Again all potential participants agreed to participate in the case study phase of the research.

Case studies enabled an in-depth understanding of a single phenomenon within its real life context. Yin (1994) noted that one of the three principles of data collection for case studies was the use of multiple data sources. Therefore, the case studies for this research consisted of a combination of interviews, observation and secondary data.

This was achieved through:

A. An in-depth interview with the post holder

A semi-structured interview was used to allow flexibility while ensuring all topic areas are covered. This interview schedule was based on the provisional findings of phase one and two and the questions were focused on their daily duties, support mechanisms, communication, crisis situations, issues concerning having a nurse or non-nurse in post and future development of the role.

B. Non-participant observations of post holder in their daily practice

Five hours of observations were undertaken with the post holder as they carried out their role. The observation was undertaken using an unstructured approach, the aim being to observe and record behaviour in a holistic and comprehensive way. The non-participant observer wrote up their field notes as soon as possible following the observation period.

C. Review of relevant secondary data

Case study post holders were also requested to provide secondary data relating to their post such as their job description, any audit or evaluation reports, patient satisfaction reports or any other information they considered relevant to this research. A short synopsis of this secondary data has been linked to the case study data.

Data Analysis

The interviews with the post holders and the managers were transcribed verbatim and content analysed for themes using Jackson's (1998) approach. Taylor & Bodgen (1998) stated that, in qualitative research data collection and analyses go hand in hand, as data collection researchers are constantly theorizing and trying to make sense of their data. Consequently, the researcher who had undertaken the interviews completed the analysis.

Observational data was obtained through the clinical expert taking field notes and writing then up immediately following the observation period. The data produced by the case studies aimed to provide an in-depth view of the role of staff nurse, client support officer and mental health development worker and as such enhanced the data collected in phases one and two.

Ethical Considerations

Informed consent was obtained from each participant taking part in the research interviews. All participants were provided with a written explanation of the research and were required to sign a consent form. Moreover, each participant was informed that they could withdraw from the study at any time. With the consent of the participant, the interviews were audio taped and transcribed. Assurances were provided regarding the confidential nature of the interview and the participant's names were not identified in any way during the study or in the final report. Furthermore ethical approval was obtained from the School of Nursing Filter Committee and the University of Ulster Research Ethics Committee.

Section 3: Client Profiling

Introduction

The graphs below illustrate a break down of clients attending Action Mental Health New Horizon Units & Accept Services throughout Northern Ireland. The analysis was based on four variables; gender, age, length of service and broad diagnosis. The data were provided by Action Mental Health and were derived from the clients currently attending eight New Horizon Units and two Accept Services.

The total number of clients attending New Horizon Units at the time of the study was 742 while Accept services had 139 clients in attendance.

Figure 1: Gender of AMH New Horizon & Accept Clients

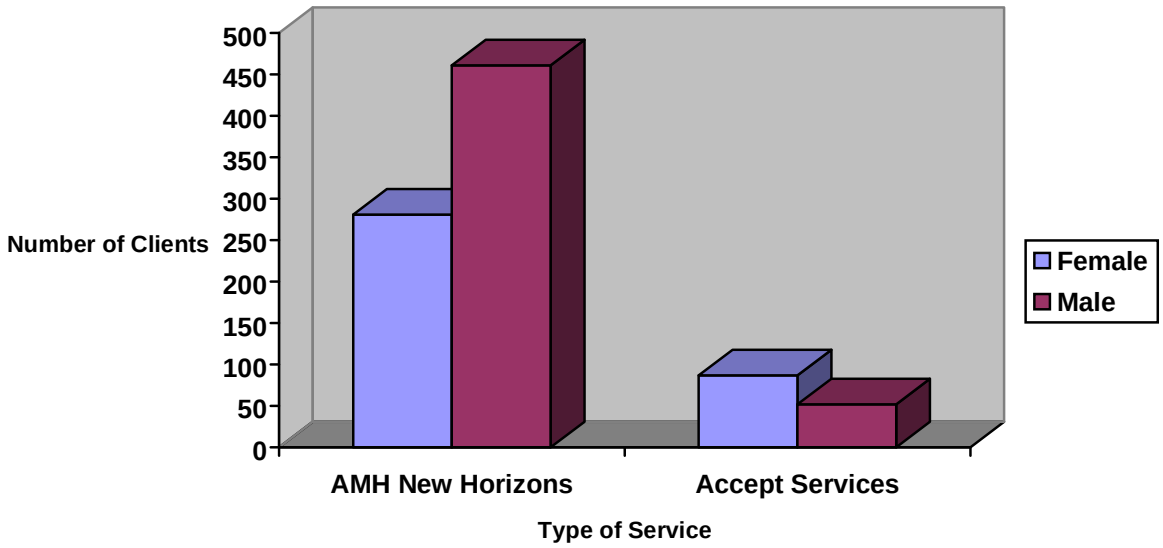

Figure one shows the gender of clients attending New Horizon and Accept Services. The number of male clients (n = 461) attending New Horizons was larger in comparison to the female client population (n = 281). The pattern was reversed in the Accept Services although the gender difference was not as prominent, 87 females are attending Accept Services in comparison to 52 males.

Figure 2: Age Ranges of AMH New Horizons & Accept Clients

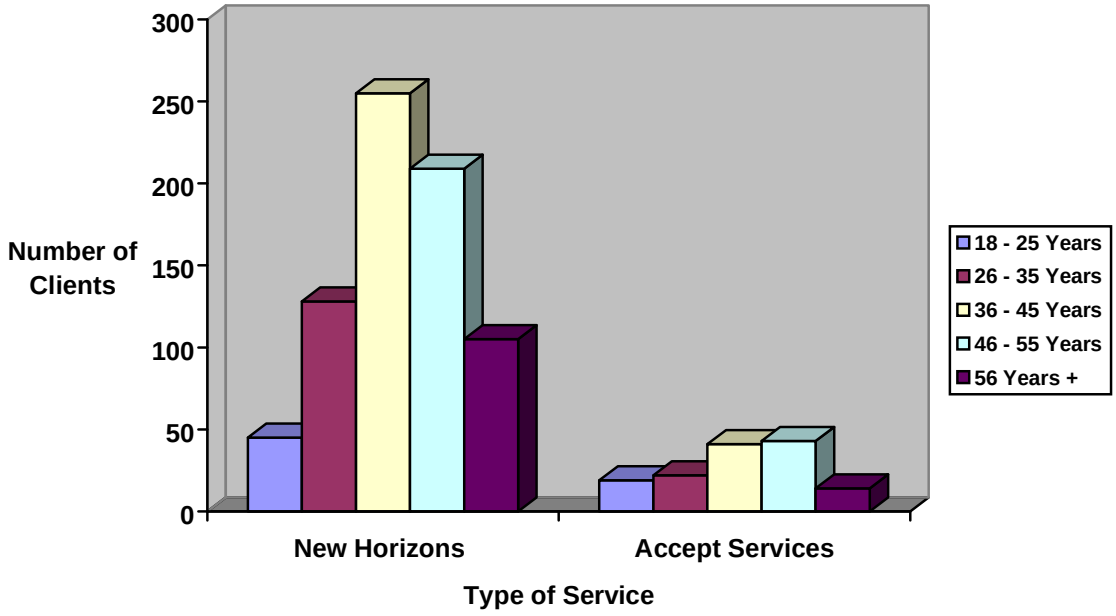

Figure 2 shows the age ranges of New Horizon and Accept clients. The majority of clients attending New Horizons services were between the ages of 36 to 45 years (n =255) and the fewest number of clients were between the ages of 18 to 25 years (n = 45).

The majority of clients attending Accept Services were also between the ages of 36 to 45 years (n = 41). Only 14 clients were over 56 years of age and there were a larger proportion of younger clients between the ages of 18 to 25 years (n = 19) in comparison to New Horizon Units.

Figure 3: Length of Service of AMH New Horizons & Accept clients

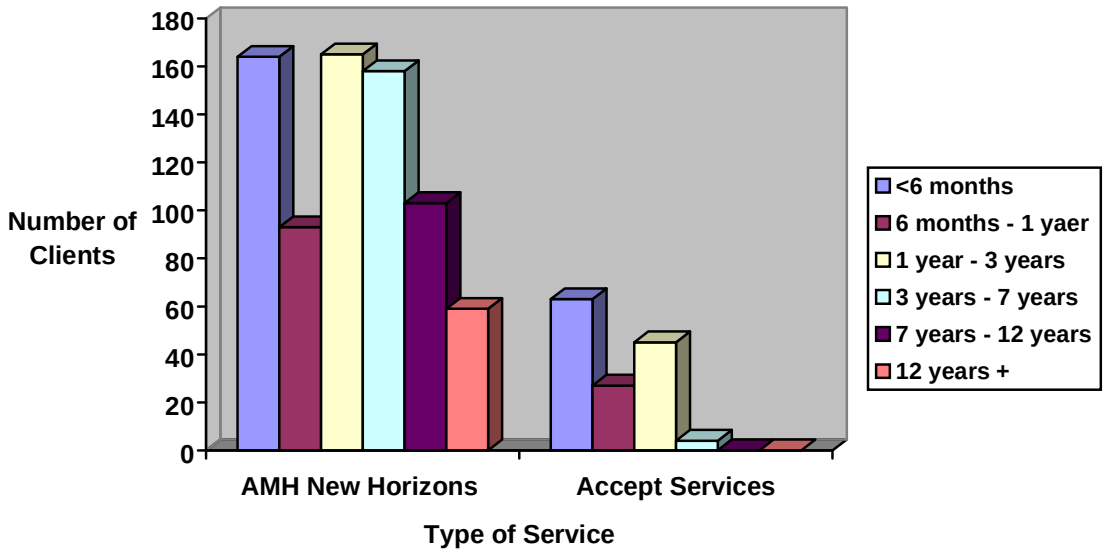

Figure 3 shows the length of time clients have been attending AMH New Horizon and Accept services. Most of the clients have been either with the service less then 6 months (n = 164), between 1 to 3 years (n =165) or between 3 to 7 years (n = 158) and only 59 clients have been with the service for over 12 years.

In comparison the majority of clients attending Accept Services have been there for less then 6 months (n = 63) or between 1 to 3 years (n = 45).

Figure 4: Broad Diagnosis of AMH New Horizon Clients

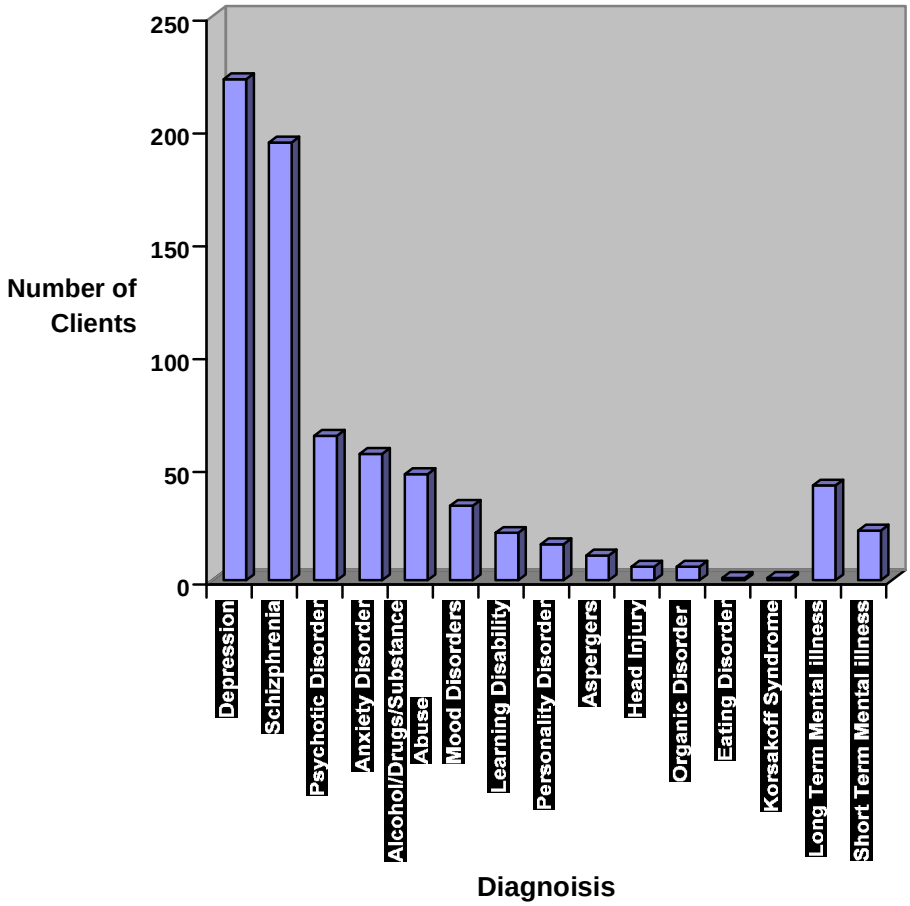

Figure 4 represent the broad diagnosis of New Horizons clients. In the New Horizons Units there are 13 broad diagnosis categories and the majority of clients suffer from depression (n = 222) and schizophrenia (n = 194). Anxiety disorders, alcohol and drug abuse and psychotic disorders are also well represented in the client group however only one client has been diagnosed with either an eating disorder or Korsakoff Syndrome.

Figure 5: Broad Diagnosis of Accept Clients

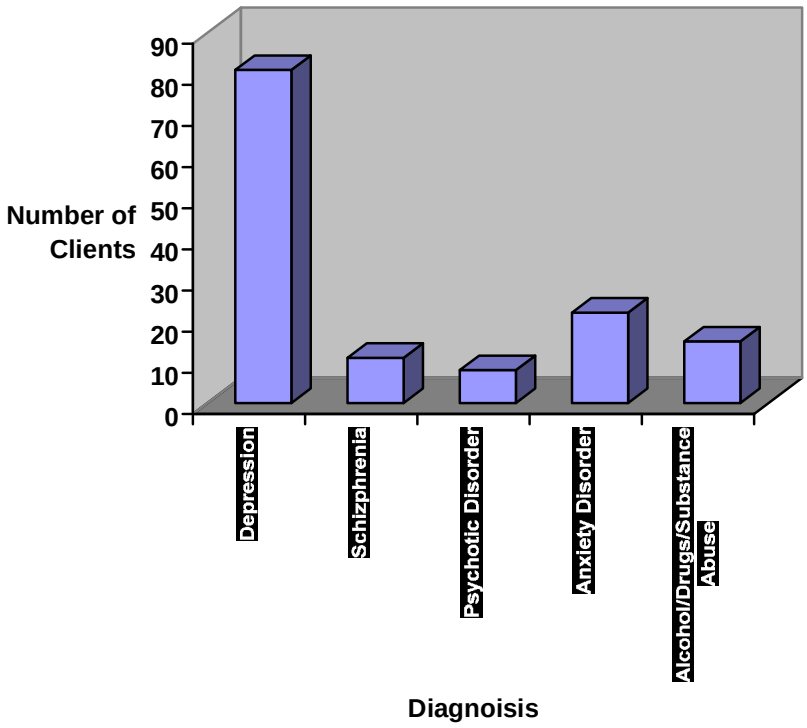

Figure 5 represents the broad diagnosis of Accept clients. Only five mental health categories are represented in Accept Services. Like the New Horizon Units, the majority of clients suffer from depression, followed by anxiety disorder and alcohol, drug and substance abuse.

Section 4: Content Analysis of Interviews with Post Holders and Managers

Five managers were randomly selected to participant in research interviews for Phase 1 of this research study and three staff nurses, three development officers, one client support officer and one project co-ordinator (n=8) were interviewed for Phase 2. For the purpose of this research the project co-ordinator was considered in the same category as the development officer as their duties are very similar and to protect the anonymity of this individual.

This section outlines the themes arising from the analysis of these interviews and quotations are used to illustrate these themes.

The themes identified through content analysis of the data are as follows:

1. Key Duties
    a. Responsive Role
    b. Networking
    c. The Induction Process
    d. Training
    e. The Review Process
    f. Service Promotion
    g. Organisational Issues
    h. Clinical Skills
        i. Medication
        ii. Assessment, Intervention & Evaluation
        iii. Staff training

2. Nurse and Non-Nurse
    a. Advantages of Nurse
        i. Professional Standards
        ii. Confidence
        iii. Competency & Person Centered Services
    b. Issues regarding a Non-Nurse in the role
    c. Support for Non-Nurse Post Holders
    d. Disadvantages of Nursing

3. Purpose of the Organisation
    a. Mental Health Focus
    b. Community Based Organization

4. Recruitment Difficulties

5. Perceived Value for Money

6. Salary

7. Motivators

8. Employer expectations
    a. Previous Experience
    b. Qualifications
    c. Personal Attributes and Skills
    d. Unit Specific

9. Post holder's Views of Employer Expectations

10. Support
    a. Team
    b. Managerial

11. Training

12. Lack of Clinical Governance

13. Awareness of Differences between Roles

1. Key duties

One of the primary objectives of this research was to identify the key duties of the staff nurse, development officer and client support worker. These key duties were broad and diverse but focused on their role in client recruitment and induction, training programmes, the review process, networking and service promotion.

Tables 1 to 3 detail the key duties specified by the post holders interviewed.

Table 1: Key Duties identified by staff nurse post holders (n=3)
• Monitoring medication and side effects (3) • Assessment, intervention and evaluation of client's mental health (3) • Staff Training (3) • Networking with Community Mental Health Team & external agencies (3) • Involvement in the referral process i.e. initial visit and induction (3) • Student inductions (2) • Problem solving with clients (2) • Co-ordinating & Delivering training (2) • Client Reviews (2) • Dealing with absenteeism (2) • Recording & Reporting (2) • Organising transport, staffing etc (2) • Crisis intervention (1) • Advising managers (1)

Table 2: Key Duties identified by development officers (n=4)
• Involvement in the referral process i.e. initial visit, assessment & induction (4) • Networking with the community mental health team (4) • Co-ordinating training (4) • Client reviews (3) • Formulating client action plans (3) • Service Promotion (2) • Developing outreach centers (1) • Sign posting (1)

Table 3: Key duties identified by client support officers (n=1)
• Involvement in the referral process i.e. initial visit, assessment & induction (1) • Developing action plans (1) • Co-ordinating training (1) • Networking with the Community Mental Health Team (1) • Dealing with client absenteeism (1) • Organising Departments (1) • Client Review (1)

Responsive Role

The post holder's believed that their role was a reactive one and required the individual to be flexible and adaptable. They stressed that it was difficult to approach the day with a plan of action as inevitably post holder's were required to respond to the needs of the clients and the demands of the unit. Indeed the responsive nature of the role was also identified in the case study phase of the research. Comments included:

"Its very responsive actually. Well there's not two days the same. Planning a day out is nearly impossible ….It is really whatever you come up against throughout the day." (Post holder No. 1 – Staff nurse)

"You are trying to be everything for everybody so you have to be adaptable. You can't be static… You need to be really, really flexible in the role." (Post holder No. 2 – Client Support Officer)

A staff nurse commented that post holder's responsibilities can become blurred and this can subsequently impact negatively on the post holder's skills and the focus of the role.

"But I think sometimes if we go beyond that you forget what you are meant to be doing. And other people also forget what you're meant to be doing. What your primary role is. And I think that can be quite demoralizing in the long term for people or that they become quite deskilled as well or diluted." (Post holder No. 1 – Staff nurse)

Networking

All post holders and managers interviewed recognised the importance of maintaining active communication with the Community Mental Health Team and other external agencies. Networking allowed the post holder to maintain continuity of care for the client and immediate

contact with the Community Mental Health Team provided a vital support during crisis situations. Post holder's exchanged information with Community Mental Health Team members on a continual basis – specifically with regards to potential new referrals and client's attending Action Mental Health New Horizons Units and Accept Services. Post holder comments included:
"I'm constantly in communication with the community mental health team. The home support team, the day hospitals, other voluntary agencies and that's just endless sometimes. You are just constantly on the phone with people. Maintaining that communication and contact." (Post holder No. 1 – Staff nurse)

"A big one would be networking…I think it's effectively important for me to maintain relationships externally as well as internally. And really I would liaise quite a lot with all the community mental health teams." (Post holder No. 2 – Staff nurse)

Networking was also identified as an important daily role for the managers. Managers emphasised that a good working relationship with the Community Mental Health Team was a vital component of the job and that post holders were required to develop rapport and demonstrate confidence especially in their evaluation of crisis situations. This is illustrated in the following comments from managers:
"I think it is important also that they forge effective working relationships with the referral sources….. That's a nurtured process it never stops…. So when we ring them up and say, such and such is unwell you are going to get a positive response to that." (Manager No. 1)

"She has to be able to network – for example a client coming in with a dual diagnosis…she would have to work in association, forge links with the drug and alcohol team." (Manager No. 3)

The induction process

The referral process refers to the introduction of new clients to the New Horizon Units and Accept Services. This process begins with an initial visit by the potential client in which the individual is given a tour of the unit and told about the service. If the person is interested this would be followed up with a referral form and the post holder would subsequently assess the appropriateness of the individual and arrange an induction period if successful.

The post holders' evidently played an important role in this process and was alluded to by staff nurse post holders, development officers and the client support officer. They were involved in the initial visits and identifying the needs of the client. Comments included:
"I'm the day to day lynch person and all referrals would come into me and then I would meet with the person who has been referred and we have a one-to-one meeting in which we work out an action plan." (Post holder No. 3 – Development Officer)

"We would be responsible for taking people in, meeting them with their key workers taking them around, giving them an initial visit. Giving them an idea of the service we have. Assessing their mental health state. How suitable are they for here? Their past history, cautions thing like that." (Post holder No. 7 – Staff nurse)

The referral process was also identified as an opportunity to assess potential risks associated with clients and the post holder may be required to contact the key worker to clarify possible issues. Two managers also highlighted the importance of the post holders' role as assessors to ensure the service is appropriate for the individual client.
"…s/he does an initial visit and that gives [the post holder] prime opportunity basically to identify their immediate needs. Because you will not always get in on a referral form. You will not – you know things are left out of the referral form. So I have to do a very quick initial assessment as they are walking around." (Manager No. 5)

"We get a lot of referrals. Sometimes inappropriate referrals with a learning disability and a mental health need or behavioural needs. There could be a wide range of them. It could be a combination of them all and again the staff nurse would be the person that would filter that to ensure that we are not actually stretching our resources or becoming an organization that we're not set up for." (Manager No. 3)

Training

The post holder's role in training involves delivering, co-ordinating and evaluating training programmes for the client group and identifying the client's need. Again this was identified by all post holders and managers but was highlighted more so by client support workers and development officers. Training could refer to personal development such as assertiveness, stress management or to vocational based training. Both post holders and managers interviewed referred to this when describing the post's responsibilities. Their role as 'training co-ordinator' also came

to the fore during the case study observations of the staff nurse and client support worker. The following comments illustrate this:

"Then we would look at various training and usually we start off with personal training around confidence building, confidence management, stress management, relaxation, breathing techniques. That kind of training, which is of a personal nature, confidence building nature. Then we would start to look at training that would have a more vocational bent to it." (Post holder No. 3 – Development Officer)

"Part in coordinating and delivering training in personal and health programmes. That's wide and varied. …We do a 6-week thing around healthy eating and then a 6 week attendance to the gym for example" (Post holder No. 5 – Staff Nurse)

"To be a facilitator in terms of the programme and that could either be in the form of co-ordination of programmes provided by external bodies, developing programmes, essential skills and to organize and co-ordinate them. And in some cases to actually facilitate the programmes themselves within the unit. More the personal development type programmes." (Manager No. 5)

"… identifies what their aspirations are with regard to training, vocational training, personal and development opportunities, social and recreational opportunities and employment and work experience. She agrees a development plan with the individual and then she follow up on the by putting in place a full range of training programmes for the year which captures all those." (Manager No. 4)

The Review Process

It was clear from the interviews that post holders had a particular role in the review process. This process varied from unit to unit (for example frequency of reviews) but it aimed to assess the client's progress and highlight any difficulties, which they had encountered. Both managers and post holders highlighted this aspect of the role. Comments illustrating this are outlined below:

"We would look at challenges and issues that were prevalent for the client and look at ways for addressing those issues through the client profiling arrangement….. On a 4 monthly basis [the post holder] sits down with an individual and it starts off with them articulating what their own aspirations are for the next 4 months and then looking at any potential barriers to engagement which need to be addressed." (Manager No. 4)

"But other then that on a 3 monthly basis they'd get a formal review where they come in and they can give you feedback about how they found the course, if its helped them with their confidence if they feel their skills are being improved." (Post holder No 4 –Development Officer)

However, one post holder emphasised that the review process is dependent upon developments in the client's life. She commented:
"Any one to one support that's needed I give the one to one support. The person relapses or things are moving too fast we review and go back or change the action plan." (Post holder No. 3 – Development Officer)

Service Promotion

Another aspect of the post holders role related to service promotion. The post holders were required to outreach clients in the community. Service promotion was identified as a key duty by two development officers and one manager. Comments included:
"Not everybody with a mental health problem will be in touch with Community Mental Health Team so we need to be getting out there and to become very aware of how to promote our services to maximise anyone's opportunities for attendance." (Manager No. 1)

"I give presentations to our referrers and to any other useful organisation about our work, what we do. …know to direct our way if they come across them and also that they will receive our clients for work experience or voluntary work." (Post holder No. 3 – Development Officer)

"And a lot of my job over the past while really has been developing new outreach services, finding premises, liaising with all the relevant people so we can get the service promoted." *(Post holder No. 8 – Development Officer)*

Organisational issues

There was an organisational aspect to the role involved dealing with unit transport, client absenteeism and organising departments and were identified by post holders from different roles and by some managers. Comments included:
"Just making sure that everything is ticking over ok and if there's only two clients in one dept and….. They might need more help in there so it's organizing the bodies to get in and do it. Making sure everything is running." (Post holder No. 2 – Development Officer)

"We'd check who's in who's out. Have they been missing last week? Has there been any point of contact made? If they have been out for a few days and there has been no contact- get on to the hostel, ring them at home or wherever and find out why they're missing." (Post holder No. 6 – Development Officer)

"Other primary responsibilities would be transport. I would do the assessments for individuals who come along to the unit. Assessing their fitness to travel and also risk levels. Are they any risk to themselves or to others within the company of the bus? " (Post holder No. 5 – Staff nurse)

Clinical Skills

The nurse post holders identified a range of clinical skills, which they used on a day-to-day basis.

- *Medication*

Knowledge of medication was cited as an important clinical skill. Several nurses specified that their understanding of medication allowed them to recognise potential side effects and to educate instructors on same. An instructor is allocated to each dept (e.g. IT, Canteen) and provides training and coaching to clients. Comments illustrating this point included:

"I would have to have an update of what they are on and …I need to know side effects. How effective the medication is? How non-effective it is? When do I need to take intervention? I need to educate their instructor that there has been a change of medication and give them expectations of what may or may not occur due to it." (Post holder No. 5 – Staff nurse)

"For example, someone comes here and they are on cospine therapy and I think it's very important to know that if someone comes to you and complains about a sore throat that you get them to hospital straight away." (Post holder No. 1 – Staff nurse)

One nurse post holder stressed that she has frequent contact with the client group and that she felt that this allowed her to take the necessary action in relation to medication and to make recommendations to the Community Mental Health Team.

"We have made recommendations about medications because we see somebody four or five says a week up to 12 years sometimes and we have maybe noticed changes in them…. We would regularly talk to the consultants and key workers about their anti-depressants, the depos' and whatever it is the person may be on." (Post holder No. 7 – Staff nurse)

Another nurse post holder felt that having an understanding of medications enabled her to extract more relevant information about a client from the referral form. She commented:
"…I suppose where my knowledge of medication benefits me is at the referral stage where the referral form comes into us. Sometimes its very scant information but I can just gleam information just out of knowing what medication someone is on. And you can kind of read in between the lines." (Post holder No. 1 – Staff nurse)

- *Assessment, Intervention & Evaluation*

Staff nurse post holders also commented that the client assessment, intervention and evaluation were vital clinical skills, which they employed on a day-to-day basis. As nurses, they believed that they had a thorough knowledge of the problems must commonly encountered in mental health and they could apply these skills to make competent assessments and develop intervention programmes. Comments included:
"Well it takes a clinical background to assess a client with mental health needs. You have to be able to know the diagnosis, know the signs and symptoms, know how to manage those signs and symptoms. Know how to evaluate when there's progression, regression and what to do about it and take the action, take the intervention." (Post holder No. 5 – Staff nurse)

"This probably is where it's important to be professionally trained. I think because of the client group we do have – you are constantly assessing and reassessing and evaluating how people are doing and people's illnesses can dovetail from day to day." (Post holder No. 7 – Staff nurse)

It was perceived by the nurse post holders that this skill was particularly valuable in making suicide risk assessments and one nurse post holder detailed her response to a serious suicide attempt by a client. This staff nurse post holder commented:

"He had been very suicidal over the weekend and he made a very serious suicide attempt. … I then had to spend time with him, talk to him, and make sure that he was assessed. Did he still have the feelings that he had? Assess what help was there from his family. How did his family relate to him? How was he feeling?" (Post holder No. 7 – Staff nurse)

- *Staff training*

Staff training was also identified as an important skill by nurse post holders. Staff training focused on educating instructors and managers specifically on mental health problems and

medication. This occurred on a formal and informal basis. The comments below illustrate these views:

"I would do a lot of informal educating … with the key worker…. We meet up most days to discuss progress or regress of the clients. Are they fit to take part in the programme today? Are they well enough? Are there any concerns? We discuss the management of maybe that day". (Post holder No. 5 – Staff nurse)

"So quite a lot of what I do here is staff training and staff awareness …staff everyday would come to me and ask me questions. But everyday there's questions asked about somebody, about their state of health or their medications have been changed - what repercussions would that have?" (Post holder No. 1 – Staff nurse)

One manager who was interviewed also emphasised the importance of education.

"They [staff nurses] provide support and guidance to the rest of the unit staff in terms of dealing with complex issues but not the day to say issues that they would have done in the past…..They need to be able to talk to and train staff in mental health issues. The signs and symptoms of drug use. Drug abuse. They need to know pathways for exits out of the service." (Manager No. 3)

One staff nurse felt that staff training and education instills confidence in post holders, improve their skills and competency and consequently it impacts positively on the client – key worker relationship. S/he also specified that staff training also referred to educating managers and student nurses. The participant indicated that her expertise and clinical skills was beneficial to her manager in making decisions while monthly inductions with students give them an insight into what the organisation actually does.

"Basically if I can educate and support them in their role through developing their confidences and their level of competency to be with their client. That has a knock on effect with their client relationship." (Post holder No. 5 – Staff nurse.)

"I advice the manager on all aspects of mental health. Should that be related to the service or related to client care? I think I have the background, the education, and the relevant qualification." (Post holder No. 5 – Staff nurse)

2. Nurse or Non-Nurse

Advantages of a nurse in the role

The staff nurse post holders (n = 3) felt that there were a number of advantages specifically related to their nursing qualification. These advantages related to their professional standards, created confidence in the Community Mental Health team and also ensured a high level of competency. These issues are discussed separately below.

- *Professional Standards*

The nurse post holders highlighted their level of professional accountability and stressed the importance of their professional code of conduct in protecting themselves, the clients and the organisation itself. Nurses also emphasised the importance of recording as a means of protection and this was seen as a unique asset. Comments from the nurse post holders included:

"It means I'm accountable and responsible for everything I do here and I think that's a real benefit to the organization as well. …I have to reach a standard set out by the professional body… So because I am accountable and because I have that to lose I make sure I do my job well." (Post holder No. 1 – Staff nurse)

"Professionally I feel accountable for what happens here and I feel very aware of protecting both myself and the organisation and the clients whenever you're working so. ….So we have a consistent record building up of incidents of maybe self harm episodes, suicide attempts, regressions in their illness." (Post holder No. 7 – Staff nurse)

"… nurses are probably the only ones in the whole organization up to the chief executive you have a professional code of conduct to live by….I have additional responsibilities to my profession let alone to my employer. The service is actually protected by my professional code of conduct, as is my client. So they are doubly protected by my accountability." (Post holder No. 5 – Staff nurse)

- *Confidence*

The staff nurse post holders suggested that the nursing qualification and the standards and practices associated with nursing instill confidence in the clients, their team and the referral agents. Some believed that their qualification contributed to a strong professional relationship with their referral agents and consequently influenced the number of referrals and type of referrals. The following comments illustrate this point:

"If someone rang up me up and asked what's my position here and I said a registered mental health nurse. …..so they are a confidence in me. …They will trust my opinion much more. If ring up and say a client is becoming unwell, you know, they'll trust my opinion and my assessment of that client." (Post holder No. 1 – Staff nurse)

"You know professionals want to talk professional to professional of a clinical background and a similar education background and it'll instill a competency level about what we have to offer and I think that's essential to encourage referrals to come through." (Post holder No. 5 – Staff nurse)

"I know the fact that I'm onsite does make a difference to the type of cliental that we do have attending…. I know the key workers do take that into consideration with a lot of the clients they refer." (Post holder No. 7 – Staff nurse)

This argument is supported by referring to the views of a client support officer and manager who feel that the post holder's title and academic background may have an impact on the relationship with the Community Mental Health Team. Speaking specifically about a client who relapsed, one client liaison officer questioned if the team had taken his/her opinion seriously:
"…You're wondering how much notice do they take of us mere mortals, you know. We don't claim to have qualifications but we are working with them and we do know when their moods are changing. And we bit more appreciation and a wee bit more co-operation. …prevention is better than cure every time." (Post holder No. 2 –Client Support Officer)

Indeed one manager claimed that there was an informal testing period for post holder's without the nursing qualification -
"…for someone new coming in, if they don't have a nursing background and that will be fished out of them by the CPN and social workers… when you are not professionally qualified there's a testing period. And if you don't have a professional qualification then you'll have to prove yourself." (5.5.a)

The staff nurse post holders also implied that staff feel more reassured knowing there is a staff nurse on the team and that clients felt protected because staff nurses have a thorough grounding and knowledge about their illness. Comments illustrating this point included:
"And it's the same for the people on the team. Once they know that I'm mental health trained that gives them a great deal of reassurance." (Post holder No. 1 – Staff nurse)

"They see me as a qualified person in a role that they can have confidence in and a level of competency that hopefully that I deliver daily and they can see visually and experience it daily. I would to certainly." (Post holder No. 7 – Staff nurse)

"I'm coming from a knowledge base about their illness and they don't have to explain about their signs and symptoms and all that kind of craic. They know that I know that bit of it already… And there's a confidence that it gives them." (Post holder No. 5 – Staff nurse)

- *Competency and person centred services*

The staff nurses in this role within Action Mental Health considered their nursing background a valuable asset to the role and even queried their ability to carry out this job competently without their expertise.

"My qualifications have been general nursing and mental health nursing and without that….I personally would have had great difficulty carrying out the job. But because I have these skills and knowledge base behind me that I can carry out the job. Job of assessing, implementing, delivery of care, overseeing that care. Evaluating that care. Taking action when appropriate." (Post holder No. 5 – Staff nurse)

"I think the fact that I'm a registered mental health nurse gives me a competency and a knowledge base that I am constantly dipping into." (*Post holder No. 1 - Staff nurse)*

"I am on my own and I feel in position that I can make competent decisions. It's because of my background of nursing, because of my experience of nursing I feel forthright in what I can decide to do in agreement with the client obviously." (Post holder No. 5 – Staff nurse)

The nurse post holders also stressed that they could provide a holistic and client-centered care. Considering mental health problems can present in a variety of ways care is often required on a case-by-case basis. Clinical judgment is needed to make competent decisions and staff nurses feel they are better equipped to deal with crisis situations especially in situations when the Community Mental Health Team is uncontactable. Comments illustrating these perceptions included:

"Ok maybe two thirds of our clients have a psychotic illness but each of those clients will be affected so differently and their needs would be so different. So you have to manage those needs.

If you have 45 clients then you'll have 45 ways of managing those clients differently. Different diagnosis, different management and unless you have the experience behind you to recognise all that and be able to have the confidence to make decisions around their care " (Post holder No. 5 – Staff nurse)

"We can actually maybe manage a situation in a more professional way because we no procedures to go through we know things to ask and the things to say and we can maybe hold somebody. If you ring a GP you mightn't get seen for 4 days, could be a week. It could be 2 weeks before they get to see the consultant. So we sometimes have a holding situation where we are trying to keep people safe until they can be seen. We do have expertise in what we do and you know, plus we have our guidelines that are ingrained at this stage" (Post holder No. 7 – Staff nurse)

Issues regarding a non-nurse in the role

The staff nurse post holders (n=3) within Action Mental Health identified a number of potential problems that they perceived arose if a post holder did not have a nursing qualification. These concerns were wide ranging. One staff nurse post holder highlighted the level of vulnerability of staff as a result of the lack of policies and guidelines, and speculated that their lack of knowledge and subsequent incompetence could leave the organisation liable. Comments from the staff nurses and one manager included:

"I'd be fearful for anybody who is coming in with very little mental health training, or experience in that fields and doesn't have a framework of rules to work with. Because there is nothing within the organisation to provide that…"(Post holder No. 1 –Staff nurse)

"If you look at the learning cycle. You are unconsciously incompetent. So you don't know if you are going it right or wrong…I think professional, legal and moral issues are winging around all the time and unless you are aware of that and have a fear of it and what could happen it could. I'm just worried you could end up in a legal situation not through incompetence but just because the person didn't know." (Post holder No. 1 –Staff nurse)

"I think it's very unfair. I wouldn't like to take this on if I wasn't qualified. Because you go into the position of unknown." (Post holder No. 5 – Staff nurse)

"[the non-nurses] weren't aware of all the areas they were supposed to be watching out of. They didn't neglect them at all it was just they weren't aware of them." (Manager No. 3)

One staff nurse post holder speculated that non-nursing staff would have skills limitations especially concerning assessment and education

"The whole health promotion and educational side. How can they do that? They haven't been trained to do it. … But if I was in a position where I clinically had to assess somebody. How would you do it if you haven't been through the programme of qualifications? If you haven't been taught how to assess, how to recognise signs and symptoms, how to intervene, how to manage." (Post holder No. 5 – Staff nurse)

Having worked with a post holder without a nursing background, one staff nurse post holder speculated that non-nurses do not take client's mental health needs into account when organising programmes and this subsequently had a negative impact on the client's progress.

"I think, just from experience, yes, breakdown in communication with clients and breakdown in understanding and just not taking the whole scenario of mental health into consideration when planning a project." (Post holder No. 4 –Development Officer)

From a managerial and organisational perspective – one manager claimed that both s/he and the company would be in a very vulnerable position without the professional input and expertise of the staff nurses.

"I depend solely on the staff nurse to access a person. At referral meetings I am lead and swayed by her professional opinion….. I wouldn't have that. ….That leaves me as a manger vulnerable to litigation because I don't know their background and it also leaves the organization open to many routes to allegations for people bringing people in" (Manager No. 3)

Furthermore managers feared if there were no nursing staff, it would have a negative impact on the professional standing and credibility of the organisation and it would also have an effect on their relationship with referral agents. Comments included:

"To me it would take out standing in the local community in a mental health setting down to a level where we are no longer a mental health place for recovery. We have become a bog standard government-training center…. We would not have the capability or the wisdom, or he vision to start working with people and interact with their mental health needs" (Manager No. 3)

"I think it would impact on our service agreement in term of skill mix because we do have to have the skill mix and balance. That's a requirement of our funders… Our contact with the Foyle Trust will ask you what have you in place in terms of skill mix. I can't go back to our funders yes we provide courses in anything to do with mental health to a professional standard because we don't have the person" (Manager No. 3)

In reference to the support of the Community Mental Health Team, the manager queried the appropriateness of using an external agency to deal with client's mental health needs and speculated whether this presented possible ethical implications. Furthermore, the manager brought attention to the fact that there is continual turnover of staff. Comments included:
"The best [a non-nurse] could do is probably do… is ring your local community mental health team. And you'll have a stranger …They will be sectioned. They'll be taken into a hospital. You'll have compounded everything that has gone on." (Manager No. 3)

One manager believed that client support workers and development officers in post have been employed internally and that this is the reason for success in these posts. The manager commented:
"And like I say I think it has worked and possibly worked well because the person has been established. They have known the clients and they have taken it on. I know two units that I could quote. Both staff has been long-term staff. So for me [having a non-nurse in post] has been weighted – its unfair. It hasn't been tried or tested." (Manager No. 3)

There was a strong argument from the managers and post holders advocating a staff nurse for this role. There were many advantages associated with a nursing qualification and potential difficulties were highlighted if this resource was not available. However, it should be noted that there were also divergent views on this issue among managers and post holders.

Support for Non-Nurse Post Holders

Although it was generally accepted that these skills and abilities could be an advantage and possibility desirable managers believed it was not a necessity for this post. Comments included:
"If someone had that a nursing qualification they could bring alot to the post. I don't think its essential that the post holder has it though. Absolutely not." (Manager No. 1)

"If someone was to come into the post new I'd suggest an RMN qualification, while not essential would certainly be desirable." (Manager No. 5)

The client support worker and most development officers did not agree with the staff nurses views and argued that issues did not arise if there was no nursing support on site. These post holders believed that a nurse was not required in the role as they did not administer medication and they could call on the support of the Community Mental Health Team. Crisis situations were at the forefront of these discussions.

Two managers argued that crisis situations are infrequent and that in some cases they can be prevented by maintaining active communication between staff members. Also in crisis situations the non-nurse post holders and managers had confidence in the reactive procedures that were in place and felt that mental health support within the unit was not required. One manager stressed the limitations of post holders in accessing crisis supports and promoted contact with the Community Mental Health Team. Comments from managers and one development officer included:

"These clients who need ongoing community support have that through the Community Mental Health Team and they don't need it duplicated in our service." (Manager No. 4)

"What I would say to staff in that situation if you are concerned about an individual ring your CPN and let them know….. Because they may need further support. And that further support will not come from you it will come from your CPN." (Manager No. 1)

"In a situation when we do find ourselves in a mental health crisis we have an arrangement with the community mental health team and our experience has been that we have immediate support there." (Post holder No. 6 – Development Officer)

Some managers, one development officer and one client support officer also claimed that the staff nurse would carry out the same procedure and did not necessarily require nursing skills. Comments illustrating this included:

"…[the staff nurse] would have equally so have called the duty officer and got the support of the community mental health team. So in a way I don't see that that role is helpful in the context of managing crisis." (Manager No. 4)

"I know the staff nurse spends time with clients who are unwell and at a time when they are particularly unwell. But so can I, or skills coach. Or at least I think so they should. I think all our staff should have that capability and I don't think they need to have the qualifications." (Manager No. 1)

Another development officer claimed this skill was a learned skill and could be acquired with extensive experience. Furthermore development officers and managers suggested that the structure of these services and the type of service didn't require input from a medical professional. The managers and post holders reiterated that the needs of the service users were social and they stressed that the Community Mental Health Team provided the necessary medical and clinical input. Quotations included:

"I think the medicalisation of mental health services is inappropriate …the majority of our clients coming into the service have very complex social needs and it is much more important that they are giving support in those then they are around issues of primarily mental health." (Manager No. 4)

"If we maintained someone with a very medical background there – ward experience hospital experience – I don't think the role would have met the needs of the clients as much….a lot of their problems are social problems as a result of their mental health rather then purely mental health problems." (Manager No. 2)

"And I feel firmly that we are about the recovery end of things" (Post holder No. 6 – Development Officer)

"My job has been very much developmental along the lines of the social model…. I can't see that the medial model would be useful to what I'm doing here." (Post holder No. 8 – Development Officer)

Disadvantages of nursing

Some non-nurse post holders and managers identified a number of disadvantages associated with having a staff nurse post holder in this role.

A manager queried whether a nursing qualification could lead to confusion and conflict concerning role boundaries and responsibilities. Speaking specifically about having an individual with a nursing background working in a development officer post, one manager commented:
"And the staff nurse whereas their training their experience is certainly going to equip them with the knowledge that will allow them to do their job …it shouldn't let them become a nurse and making decisions about the medications, about the prognosis of presenting illness…I am not paid to be a CPN, I'm working in a social care environment for people with mental health problems. My role within that will not be as a CPN." (Manager No. 1)

This point of view was in stark contrast to the opinion of one nurse post holder. In the post holder's opinion, nursing training helps in relation to being more aware of professional limitations and to recognise when its time to move on, commenting:
"An awful lot of it is passing responsibility as well and I suppose because of the training its ingrained in you at this stage – you are able to make that decision and follow it through. And there is a limit to what we can do whether we like it or not."(Post holder No. 7 – Staff nurse)

Other non-nurse post holders and managers articulated that a nurse might create a sense of dependency and believed that a broad based counseling approach was not an effective method of recovery. Furthermore one manager queried if the nursing support in the past was an equitable service as it was mostly provided to those who approached the staff nurse. Almost all managers referred to the situation in the past in which client's queued outside the nurse's office. Commented included:
"One of the things that I've found from talking to people who have had a medical background is that they do tend to focus on the illness rather then the person." (Post holder No. 3 – Development Officer)

"In the past when we had a nursing role there would have been a lot more time to talking and allowing people to vent in a way that they had already exhausted other avenues of doing that and I personally feel that isn't as helpful an approach as the one which we're adopting at present." (Manager No. 4)

"The people who came and knocked on the door got the time and there were people who needed time with the nurse but didn't get it because they didn't come forward …it was a little like the rusty nail gets the oil" (Manager No. 4)

3. Purpose of the organisation

Divergent views come to the fore in exploring the purpose of Action Mental Health. It was acknowledged that there is a high level of confusion concerning what the organisation actually did. Comments included:

"I think there has been confusion at times as to what we do. I have heard people say you know we need to redefine or we need to see are we a training organisation that provides services with mental health problems or we a mental health service." (Manager No. 1)

"Sometimes I don't think we have the confidence to say what we are……So we have changed a lot and I think in that change we've had a bit of confusion as well." (Manager No. 2)

"Sometimes there are vague notions about what we are. Are we vocational therapy, are we …drug and alcohol. There are a lot of misconceptions about what we are." (Post holder No. 5 – Staff nurse)

Mental Health Focus

All nurse post holders and one manager advocated the importance of mental health, highlighting Action Mental Health as a mental health organisation. They suggested that without this specialty Action Mental Health would be indistinguishable from other organisations and they highlighted the need for professional support. Comments included:

"At the end of the day they are a mental health training organisation. If they take out the whole clinical and professional aspect of clinical care we're just like any other training up there. We're no different… Ultimately that's why people come to us. To be cared for, to help develop coping skills to manage their own mental health and well-being" (Post holder No. 5 – Staff nurse)

"We are a mental health organisation. And never forget it. That's who we are and I think it is whom we should stay. You know the training end of it is essential but we're not just a training organisation. We're a mental health organisation." (Post holder No. 7 – Staff nurse)

"To me we're a mental health organisation. We're not primarily a training organisation. We're first and foremost a mental health organisation." (Manager No. 3)

Post holders and managers with this viewpoint acknowledged the value of training but argued that mental health needs must be the priority.

"Don't get me wrong, we have to abide by our targets unless nothing functions but you know, its not always certificates. People are more complex then any certificates …. A client said to me. 'The fact that I get up in the morning and have someplace meaningful to go.' That's a success as far as I'm concerned." (Post holder No. 5 – Staff nurse)

"They are not referred to train. They are referred because of their mental illness. You see the person first and bring the illness to the fore, manage that, establish that. Establish the person in here. So you have to establish that and get that settled before you can actually move on." (Manager No. 3)

The nurses in the role voiced concerns about the direction of Action Mental Health. They feared that the organisation were less concerned about the mental health needs of the clients and implied that it was becoming overly concerned with business outcomes and targets. Comments included:
"They are confused and most importantly do they know their client need. Do they know the complex needs of the clients coming through their doors? Are they seeing it? Are they getting a wee bit bogged down with targets and business outcomes?" (Post holder No. 5 – Staff nurse)

"I just find sometimes that when we get somebody new at the helm the direction totally changes again ….you know I think sometimes you lose sight of the people who are there who are giving you the statistics….. I just think we're taking this further and further and further away from the mental health being important. …But if people didn't have mental health problems, we wouldn't be here." (Post holder No. 7 – Staff nurse)

"We are developing our polices and procedures in terms of our operational side. We haven't done anything for our mental health. Are we an operational business or are we a mental health organisation?" (Manager No. 3)

While one manager acknowledged that the service was changing direction he articulated that the clients still required a level of clinical support.
"The role is changing from staff nurse to a training role. But I think we need to be clear as an organisation that it is not just becoming another training role and we totally forget about the clinical needs of the clients and we have people in these posts who can provide the clinical needs for clients and staff and who have the competence and the respect of the mental health professionals in the community." (Manager No. 5)

Community Based Organisation

In contrast, some managers claim that the service is about accessing the community and providing a social model of care – mental health rehabilitation through training. Comments from managers included:

"The whole move from way back from people first came into the community is about using community and using the community services." (Manager No. 2)

"We deliver a social model for recovery for mental health problems within the unit. We're a community-based organisation, voluntary sector organisation." (Manager No. 4)

"Yes we are working in a mental health field and we have a specific role within that with our clients but we are working in social care. We are all working to create independence, less dependency and normalization if you want for the want of a better term." (Manager No. 1)

"I see our post as more social – you are dealing with the social and recreational side of things. We are here to help people boost their confidence, self esteem." (Post holder No. 8)

4. Recruitment Difficulties

In line with the current climate, Action Mental Health has experienced difficulties in recruiting nurses over the past number of years. Possible reasons for such shortages were discussed with managers. Reasons concerned problems at an organisational and national level.

It was acknowledged that the organisation is not alone in experiencing recruitment problems and in effect there was a national crisis. As one manager commented:

"Its macro…all agencies, organisations, hospitals and training units have a deficit of trained nurses anyway. I'd say globally there is a natural shortage." (Manager No. 3)

However managers were aware that as an organisation, Action Mental Health may not be an attractive option for nursing staff. The primary reasons for this were stated as the perceived security and sustainability of the voluntary sector, the salary and the terms and conditions associated of the post. The comments below illustrated these views.

"I think the security or the perception of the security may suggest that that trust as probably a better place to work. ….A lot of our projects are time bound by our funding and therefore the sustainability is difficult." (Manager No. 1)

"There may not be job security ….any post… 2 year contract, 1 year contract, post subject to funding. It doesn't instill a lot of confidence….. That's the voluntary sector." (Manager No. 5)

"We wouldn't attract them in terms of salary and conditions. They are going to go into a Trust. They are not going to come to us for the salary we have." (Manager No. 2)

One manager speculated that the lack of clinical governance and the large caseloads and the diversity of the role may deter people from applying for the post.
"We have no clinical governance. There isn't support. If you are nurse and wanted to apply to be a nurse what is the first think you'll look for – who is the director of nursing. Well there actually is none…. Would you be attracted to it? I wouldn't." (Manager No. 3)

One manager commented that training could be used as a measure to attract nurses into the role.
"We need to give them something in terms of training. We need people attract people. They need to take something away. That's not just nursing." (Manager No. 2)

Although the managers who were interviewed accepted their difficulties in recruitment – one manager urged the organisation to maintain the nursing staff and utilise this resource effectively.
"Keep our staff nurses ….. Utilise them for training other staff that we have here, bring in consultancy for staff nurses twice, three times, four times a year whatever is appropriate." (Manager No. 3)

And a staff nurse post holder also agreed:
"I think we should be keeping our specialty and we should be looking at – how can we build on that specialty without losing it totally." (Post holder No. 7 – Staff nurse)

5. Perceived value for Money

There is continual tension within healthcare between financial solvency and service provision. Again the opinions of manager participants varied in relation to the perceived value for money of

client support workers, developmental officers and staff nurses. Most managers who were interviewed agreed that they were receiving value for money. The managers commented:
"[the development officer] certainly has brought a whole new dimension and I see actually that it is a very, very critical role within our new service configuration and in terms of what we're getting for that I think its really a tremendous use of the money" (Manager No. 4)

Speaking about a staff nurse one manager commented:
"Value for money – of course we are. Not only in a mental health capacity but the added value of their professionalism, being able to generate rapport, instill confidence, provide training for the organisation, provide coaching, provide any level of support for carers and that's before we start work for clients." (Manager No. 3)

However one manager queried whether the nursing post specifically provided value for money as he didn't believe "*there is a daily need to have a nurse on the premises*" (Manager No. 1) and another manager specified value for money was dependent on the person in the job.

In speaking specifically about a non-nurse one manager contended that there should be equality in pay scales commenting:
"I have a personal view that it certainly should not be the case that [post holder] salary point is lower then nurses would be in the service. I think she is delivering a better quality service. I think there should be equity there where the top of that scale is pitched. [the post holder] should have the same opportunities for development as other people do in the company." (Manager No. 4)

6. Salary

The views of the post holders with regards to their salary also differed. Some were happy with the salary scale and believed it was comparative to similar roles. Others noted that it was unreflective of the level of responsibility implicit in the post and argued that it the salary scale of staff nurses should be aligned with the National Health Service. It was argued that professional qualified personnel should be given an appropriate and competitive wage. Comments included:
"Compared to people who qualified at the same time as myself I think I'm on approx the same sort if wage band." (Post holder No. 4 – Development Officer)

"It is not comparative to other kind of posts who have similar responsibilities and duties. …I think they should be looking at the duties and responsibilities and compare that. Again if they are serious about mental health and providing a high standard of care. Competent peoples and you have to pay them. Unless pay them less and get less for the money." (Post holder No. 5 –Staff nurse)

"No, I don't think it's sufficient. No, I think for the level of responsibility that you carry. And you do carry a lot of responsibility. I don't think it is. In comparison to people working in similar environments, with similar responsibilities I don't think it compares." (Post holder No. 7 – Staff nurse)

"I think the scale probably starts too low and therefore the whole scale is depressed for the amount of responsibility. If someone is starting in this role at the lowest level of the scale it is very low." (Post holder No 3 – Development Officer)

7. Motivators

Recognition, the potential to affect change and the diversity of the role were identified as key motivators for post holders in these roles. Most of the post holders were pleased to be providing a service to people with mental health difficulties and addressed the stigma associated with this client group. Post holder comments included:

"…to feel that you are doing a good job and that you are valued. And people recognise the effort that you put into the job." (Post holder No 1 – Staff nurse)

"Give them a better quality of life. Somebody who could never read and write, be able to sit down and read a book. You egged them on, you encouraged that." (Post holder No 2 – Client support officer)

"I think its because it is working completely with people with mental illness and it is a service that's dedicated solely for people with mental illness. ….it has been such a neglected area. To have an organisation that's committed to mental health, experiencing mental health. It really is very good." (Post holder No. 3 – Development Officer)

"I like working with an enduring mental health population ….I feel it's a group of people that are sometimes forgotten about." (Post holder No. 5 – Staff nurse)

"I do like the clients. There are never two days the same in here. I've a very good manager. I have been through so much with this company….they have been very good to me" (Post holder No. 7 – Staff nurse)

Managers also identified similar motivators – again identifying the role as an empowering and enabling one in which post holders could make a difference and create opportunities. They speculated that post holder's had a desire to improve circumstances for people suffering from mental ill health. They admitted that the salary associated with the job was unlikely to be a motivating factor however the working hours may attract some post holders. Comments included:
"The sheer desire to try and improve circumstances for somebody who needs helped out every once in a while." (Manager No. 1)

"I am very motivated as well by the whole concept of empowerment and service user involvement." (Manager No. 4)

"To me the motivation has to be from within. The motivation is not in terms of salary. While it is a reasonable salary it is not going to allow you to retire at the age of 45. The pension, the terms and condition associated with it are reflective of the voluntary sector." (Manager No. 5)

"But the motivation isn't anything that we're offering. It isn't anything that we're particularly doing it's the person's own motivation in terms of what the role is about, what they would be doing and would they get personal job satisfaction from that." (Manager No. 5)

8. Employer expectations

Managers outlined the essential job criteria needed for this role. These related to qualifications, previous experience, personal disposition and unit needs. These are discussed below.

Previous experience

Relevant mental health experience, awareness of mental health issues and the ability to demonstrate mental health competency were highlighted as essential requirements of the role. Comments illustrating these points included:

"I would like to see either direct contact with people with mental health problems or working with people of a disadvantage" (Manager No. 1)

"That person must be able to demonstrate their competency and their experience in a mental health setting." (Manager No. 5)

"Mental health experience and mental health awareness" (Manager No. 2)

"Its certainly advantageous that they have an understanding of mental health or an experience of mental health. I think they need to be able to demonstrate that they have some degree of experience in measuring and reviewing progress with an individual …" (Manager No. 4)

"The need to have a broad depth of experience of all the illnesses that are out there and the new ones that have been diagnosed. So they have to keep themselves fresh in developments even in terms of medication. So they need recent relevant experience." (Manager No. 3)

Managers were somewhat vague in identifying what constituted mental health experience and one manager emphasised that mental health experienced needs to be defined. In relation to this s/he commented:

"There is a need to define what extensive mental health experience is. Because you could have someone working as a driver – 25 years of driving mentally ill clients. Does that qualify as extensive mental health experience?" (Manager No. 5)

"But if you were to take a recent graduate of psychology to come into a New Horizons Unit… I don't think that would meet the needs of the Unit. I don't think it would instill confidence in the mental health professionals locally. I don't think it would instill confidence in the staff who do look to this post holder for their professional guidance." (Manager No. 5)

Qualifications

Only one manager was adamant that a nursing qualification was essential for this role. Most managers noted it was not a pre-requisite although they acknowledged its potential benefits. Comments illustrating this included:

"I am not entirely convinced that people need to be properly qualified if you like because that type of a learning can be acquired on the job. It can be given through training and experience." (Manager No. 1)

"I think we need to have mental health awareness and mental training and things like that but I don't think it needs to be a medical background." (Manager No. 2)

"I personally value a third level qualification but having said that I don't think it's necessarily …I need them to have some sort of life experience. I think they need to have a significant level of experience in that regard." (Manager No. 4)

One manager felt that a nurse would be a very desirable candidate as their background and qualifications would allow them to cope with possible clinical problems. Another manager believed that a nurse's professionalism could be restrictive and may clash with the organisations objectives. The following comments illustrated these points

"That is not a nursing role but having the nursing experience is certainly the right type of experience to deal with certain issues within the job. i.e. the most difficult clinical or behavioral issues related to clients where there is support needed for staff." (Manager No. 5)

"I wouldn't put the same value on a professional qualification in this particular role because in the past our experience of having nurses for example in a role like this is that they come in and they have a nursing remit. And that isn't what we want. We are a voluntary sector organisation – we're looking for a very broad approach on that." (Manager No. 4)

Two staff nurses in this role acknowledged that they could be perceived negatively (if managers compared them to traditional nurses employed in the past) but the nurse post holder's believed they were modern in their approach.

Personal Attributes & Skills

Personal attributes identified for the post included a passion for the job, caring nature and a creative approach and skills associated with the post included flexibility, the willingness to adapt to change, strong communication skills and professional competency to represent the organisation externally. Comments from managers illustrating these points included:

"It's very creative and its very innovative and its very outreaching and those are the sort of skills I would think that I want the post holder to have." (Manager No. 4)

"…[the post holder] would need to demonstrate the ability and flexibility to learn new skills." (Manager No. 5)

"People skills, communication, and organizational skills. The ability to represent the organisation outside as a professional organisation." (Manager No. 3)

Unit Specific

Two managers who were interviewed stated that their expectations of the post holders varied from unit to unit and were dependent on the client need. One manager offered a detailed comparison of the needs of New Horizon Units and Accept Services. The participant explained:

"The severity of mental illness I think does vary from project to project. Within the New Horizon Units there's no doubt that they do get people with more severe mental health problems, behavioural difficulties and more complex needs. And the individuals are also attending up to 6 hours per day that that could be 4-5 days a week. Whereas within projects such as Accept you have individuals who are coming in for only 2 hours courses or programmes who are really there from a training point of view but really require mental health support. I'm not saying they don't have complex needs but the individuals maybe are at more advanced stage in terms of their rehabilitation or recovery. But within the New Horizon Units ….There is a greater dependency there. So I think the role does differ slightly." (Manager No. 5)

Two managers concluded that the expectations of the post holder's were dependent on the Unit commenting:

"So in terms of what I think the staff nurse should be it really depends on the project because my experience not only within New Horizon Units but also with Accept and Employment services so maybe the needs of the client in terms of mental health support who they need to give that support. There are variances." (Manager No. 5)

"The organisation I think it is mixed. We have a variety of post holders in place. Some people have been from different background so the expectation….. So the expectation within that unit is what is there. Do you know what I mean? It is actually what's being delivered by that person rather then maybe what's needed?" (Manager No. 2)

9. Post holder's views of employers expectations

In contrast, staff nurse post holders were uncertain about what their employers expected of them and many development officers and client support officers were reluctant to speculate.
Considering that there have been vast changes within the organisation and within the role, some nurse participants questioned if the organisation was clear about this themselves. Comments included:

"With the discussions I've had with the manager and the managers in the past I'm not all that sure if they no themselves what expected of the role or what's really expected around the unit. Or you know what actually happens. I think quite alot of change has occurred even in the client profile here since I have started." (Post holder No. 1 – Staff nurse)

"I would love them to answer that question – the fact that I'm sitting here today having this interview suggests what do they know." (Post holder No. 5 – Staff nurse)

Others hypothesised that their employers expected flexibility, commitment and a willingness to change.
"I think they expect and what they get is 100% commitment." (Post holder No. 6 – Development Officer)

"We absorb the changes and then commit ourselves to those changes. Sometimes it takes a bit of time if you have to start changing your working practice. But we do." (Post holder No. 3 – Development Officer)

"What was expected of me was to really run with the new changes. They wanted the service to change… it was a developing role really in terms of adding to the service that was already there here and taking it into different areas really." (Post holder No. 8 – Development Officer)

10. Support

Support mechanisms focused primarily on team support, managerial support and training. In general the post holders were contented with the level of support at the local unit level but both managers and post holders expressed concern about the lack of clinical guidance at managerial level and the views of training within the organisation were very varied.

Team Support

Team support was available in the form of team meetings. New Horizons and Accept teams worked together to monitor the progress of clients and possible signs of deterioration and therefore there early interventions techniques were employed. Both post holders and managers alluded to this and the comments below illustrate these views.

"there's a much greater focus now on team building… there was a greater sense for the organization to create a bigger sense of belonging for all its staff" (Manager No. 1)

"…A weekly rehab meeting and all the client are addressed. There is a run through of all the clients and that's what the staff do – check that you know what's happening. Everybody just exchanges information. So in a way for the staff nurse it's the support as well that it's not all totally – the mental health for all the clients doesn't rest on one person's shoulders." (Manager No. 2)

"I have support of the broader staff team internally" (Post holder No. 4 – Development Officer)

It was clear that one manager was attempting to build team morale by organising social events but stressed that such an event requires commitment of team members

"we would have frequent social events and we could get together and that would then create a sense of belonging to the bigger organisation and it is beginning to have dividends now as well for the support of peers within that and folk are ringing others then about development issues, or chatting over situations or circumstances that they found themselves in and have you come across that, or what do you think?" (Manager No. 1)

Managerial Support

Post holders generally held a positive view of managerial support within the organisation. Managers also indicated that they try to provide effective and facilitative support to post holder's in these roles and claimed they were working hard to achieve this. Comments included:

"The manager and I work very well together. He would be very supporting." (Post holder No. 2 – Client Support Officer)

"If there was even anything that I just wasn't quite sure about I would feel he was approachable and very supportive and very quick to respond." (Post holder No. 4 – Development Officer)

"Our development officer here is very good at ringing up and talking about support that she needs….So I hope hey feel quite supported if not very supported in their role." (Manager No. 1)

"I would have a sense of which [the post holder] would probably say that she is supported by the very facilitative leadership style, which I personally try to adopt and allow her to develop the role in a responsive way, which reflects her own style, and I think that has worked particularly well here." (Manager No. 4)

11. Training

The view of training among the participants varied. Some post holders were satisfied with the amount and level of training while more experienced post holders felt that the training was very basic and did not adequately address their training needs. Nurses were particularly keen to maintain their professional standards and continually develop. Comments included:

"I find the training that's provided at too low a level…particularly on the mental health. I suppose its because I have been such a long time in mental health. I feel that I don't get training which is sufficiently in-depth and structured and helping you to get a hold of how things are developing and changing." (Post holder No. 3 – Development Officer)

"If they are going to employ people at a certain level they have to be equipped and updated so they can perform the role effectively. And that is necessary. They should have training all the time. Training should never go out of your agenda. Because things change all the time, approaches, interventions, managing problems. It changes all the time." (Post holder No. 5 – Staff nurse)

"To maintain my registration and maintain my prep …I think it would be good to kept us up to day with stuff that's relevant to mental health. …Sometime I feel that there are things that I could benefit from. Like I said to you medication. When you are not using medication very day there's new medications that are coming out all the time that are being used within the field that won't be familiar to me" (Post holder No. 4 – Development officer/staff nurse)

"We have always moaned and groaned there is not enough. We should be having our three study days a year, which we don't." (Post holder No. 7 – Staff nurse)

Managers who were interviewed viewed the training within the organisation more favorably and stressed that training is provided in response to personal needs. In effect post holders must have the confidence to come forward with their training requirements. Comments from managers included:

"I organise mental health training on an ongoing basis that is run through the community mental health team so that's keeping all staff up to speed with mental health treatments, mental health types, coping and approach strategies in relation to dealing with people with mental health problems as well." (Manager No. 1)

"People can go on one-day training courses to update on specific issues – drug abuse, self harm, whatever the case may be. Medication. That gives them a bit more knowledge." (Manager No. 5)

"AMH is a wonderful organisation in that regard. …They do provide great opportunities and I think if people aren't getting training its possibly because they are not identifying their own training needs and articulating those very well." (Manager No. 4)

12. <u>Lack of clinical governance</u>

There were grave concerns among the nurse post holders and two of the managers who were interviewed with regards to the lack of clinical governance within Action Mental Health. These participants stressed that the post holders had little professional guidance and support in clinical matters. The managers themselves were also concerned about their status and reputation as a mental health organisation. Indeed the most highly qualified individuals in the organisation are the staff nurses and although managers provide support it was questioned whether this support was adequate. Indeed it was apparent that post holders depended on the Community Mental Health Team for leadership, direction and supervision. Comments included:

"For an organisation that specializes in mental health I think they should have somebody fairly high up there - professionally trained." (Post holder No. 5 – Staff nurse)

"There is none to be perfectly honest with you any support I get on a professional level is from the Community Mental Health Team because I don't have a line manager qualified to supervise my work the way it should be done." (Post holder No. 7 –Staff nurse)

"I suppose sometimes you feel professionally isolated. However over the past four years now I built up quite good relationships with the Community Mental Health Team. You know if there's something I need to know about at a professional level I can pick up the phone now and ask them now." (Post holder No 1 – Staff nurse)

"We have no leadership in terms of general manger or chief executive because they are not clinically qualified. I think we have let go a big resource and subsequently I think we will go down in standing across Northern Ireland because we don't have mental health credibility or background." (Manager No. 3)

Two managers who were interviewed proposed employing an individual with a dual role to fulfill the clinical support needs of the staff and to represent the organisation on clinical issues.
"Think we have needs in the organisation to have someone possibly on a part time consultancy basis who can link in with strategic issues in relation to mental health direction the company takes and to provide support to the staff nurse." (Manager No. 5)

"I would like to see a person who would be appointed or assigned leadership or control for development for the staff nurse role, qualified in that area. I feel it is imperative that they have that. It's a resource not only for myself as a manager but for my staff and primarily our profile." (Manager No. 3)

13. Awareness of Differences Between the Roles

The interviews illustrated that the post holders had were very little awareness or understanding of the duties and responsibilities of the different types of officer/nurse within the role. This made it difficult to ascertain their views or perceptions of the differences between the roles. Development officers and client support workers speculated that the staff nurses were more concerned with the mental health needs of clients, taking into account medication while the staff nurses in this role

believed the development officers and client support officers' were primarily training orientated. Two post holders (client support officer and development officer) noted that there were definite divergence between the roles but claimed the differences between roles were permissible because there are differences in service provision. Comments illustrating these viewpoints are outlined below:

"In our roles, yes, there are differences but they are justified by the type of services we're running. I don't think that we should necessarily be branded the same" (Post holder No. 4 - Development Officer)

"I feel there is a difference. But I feel all the units are different. None is better then the other. They all have a history and expectations from their funders. They have to comply with." (Post holder No. 3 – Development Officer)

"If you are dealing with people who have more mental ill health then you'll need more medical help. I think I'm probably working with people who are a lot more ready to be out there. I think that's where the differences are" (Post holder No. 8 – Development Officer)

"Nurses are more medically trained. In the New Horizon Units their clients may have more severe mental illness. Our clients are community based." (Post holder No. 6 – Development Officer)

However, all post holders recognized the lack of communication within the organisation and suggested greater interaction between the units. Comments included:

"I think it's a good idea to go around a visit other units. Now I have been with the company quite a while but I think I've only been in one unit. And I think it's important for staff to see how the other units work, how they address different situations." (Post holder No. 2 – Client support officer)

"There has been a missed opportunity there in the sense of communication with the wider sense of the organisation. We don't meet up regular for a start and I feel that's essentially …to discuss, to problems solve, to talk about good practice, safe practice. Different roles, how we can integrate, how we can't." (Post holder No. 5 - Staff nurse)

"And I think the difficulty has been that we haven't been brought together as nurses enough so we haven't got uniformity of practice really. But I can only practice the way I feel best that will protect me, the clients and our employer here." (Post holder No. 7 – Staff nurse)

As managers work directly with only one post holder, they too were reluctant to offer views on differences between the roles. However two managers believed the duties and responsibilities of the client support officer, development officer and staff nurse were comparable and one suggested that it would be beneficial to define and structure the role and provide policies and guidelines. Comments included:

"Comparable posts if you like and I'm not entirely sure if every service needs the differences in title as I think that can lead to confusion, the tasks or duties that people perceive themselves to be doing." (Manager No. 1)

"The role the person delivers and the service they deliver is the same. It is very similar supportive, encouraging, health-promotional-enabling role." (Manager No. 2).

Views of Staff Nurse Post Holder

One post holder was unavailable for interview but asked for the following points to be included in the research. These points focused specifically on the reasons why a Registered Psychiatric Nurse was required in the New Horizon Units.

1. All clients who attend New Horizon Units have diagnosed mental illnesses. The mental health of these clients does not always improve and relapse is frequent for many of them. Only a qualified mental health professional can accurately assess the wellbeing/lack of wellbeing of a client at any given point in time. Acutely ill persons can become dangerous to themselves and others! We have had many experiences of this happening.

2. All clients who attend New Horizons Units must have three to six monthly Mental Health Reviews carried out leading to six monthly Mental Health Development Plans being devised, written up and implemented. Only a qualified mental health professional can carry out such important work competently and legally in a Mental Health Unit.

3. All written mental health notes/reports must be objective and accurate. These recordings are legal documents and the writer may have to defend and explain them in a court of law.

4. The vast majority of clients attending New Horizons Units are on medication, usually a number of different ones. Registered Nurses have undergone substantial training on the effects/side effects of these medications and have the knowledge and expertise to discuss, inform and guide clients on medication matters. Often such advice could make the difference between a client taking or not taking his/her medication.

5. Persons with mental illnesses are often misunderstood and therefore judged wrongly e.g. seen to be lazy, obstructive or unco-operative. Registered Nurses often have to become client advocates. On many occasions I have had to challenge the views and expectations of New Horizons staff who have not understood the impact that mental illness has had on the life of an individual.

6. Registered Nurses not only have a 'listening ear' but a 'trained listening ear'. Clients often present paranoid and/or delusional thoughts/beliefs in their conversation. Professional discernment is therefore very very important.

7. Effective professional net-working with other Trained Mental Health Professionals is paramount in helping our clients receive a high standard of care. Those who refer sufferers to our service know that they can trust trained nurses with the health of their clients. When we communicate with fellow Mental Health Workers, we all speak the same language' therefore lessening miscommunication. Our assessments, opinions, and decisions are respected and appreciated by our peers. On a number of occasions in critical situations I have had to speak directly with consultant psychiatrists in order to secure urgent help for clients.

Summary

Key Duties

- All post holders and managers identified common duties relating to the post holder's role in the referral process, client reviews, training, and communication with the Community Mental Health Team. The nurse post holder's also focused on their role in monitoring medication, assessment and intervention of mental health problems and staff training while two development officers identified service promotion as part of their role.

Nurse – Non-Nurse

- Arguments promoting the role of staff nurses within Action Mental Health were highlighted by the staff nurse post holders (n =3) and one manager. They focused on their high professional standards and highlighted their professional competency. It was noted that the organisation may be at risk from litigation if a non-nurse were appointed to their roles.

- Managers acknowledged that a nursing qualification had advantages but it was not seen as a necessity. The argument against having a staff nurse focused on the Action Mental Health as a community based organisation. Furthermore development officers and client support officers felt confident in the support of the Community Mental Health Team and did not foresee problems concerning not having a nurse.

Purpose of the organisation

- There was a great deal of confusion regarding the purpose of Action Mental Health. Some advocated a community-based, training model while others believed the organization should be focused on the mental health needs of the client.

Recruitment Difficulties

- All managers acknowledged the organisation experienced difficulties in recruiting nurses and attributed these difficulties to both micro and macro factors. At the macro level it was acknowledged that this problem exists throughout Northern Ireland as there is a general shortage of staff nurses. At a micro level, managers felt that Action Mental Health did not attract nurses and as AMH was a voluntary organisation and therefore their terms and conditions, salary and perceived security did not compare to NI Trusts.

Perceived value for money

- Manager views concerning value for money varied. Some believed that the role provided great value for money while others believed it was related to the individual in the post.

Salary

- Post holders were generally contented with their salary but two staff nurses felt it was not reflective of the level of responsibility attached to the role and one development officer argued the scale was depressed.

Motivators

- Motivators varied for each person in the role. The primary motivating factor cited related to the post holder's ability to affect change and working with a client population with mental health problems.

Employer expectations

- Managers outlined the importance of relevant mental health experience for new candidates. Most managers felt qualifications were not necessary for the post however two post holders stressed their expectations would vary depending on the specific unit.

Post holders views of employer expectations

- Staff nurse post holders felt confused and were unable to pin point what the organisation expected of them. Other post holders speculated that commitment; ability to change and strong communication skills were required for the job.

Support & Clinical Governance

- Although the post holders were contented with the level of support from their teams and managers, staff nurse post holders and two post holders highlighted the need for clinical support from a qualified individual at managerial level.

Training

- Again views of training were divergent. Managers were pleased with the amount of training available to post holders but stressed post holders must articulate their own training needs. In line with this some post holders were contented with the amount of training but one

development officer and the staff nurse post holders argued the training level was too basic and they required more training on mental health issues.

Awareness of differences between roles

- Post holders had very little awareness of what other people did in similar roles. They highlighted there should be more opportunity to meet up and liaise with colleagues. Manager's awareness was also limited, although, two managers claimed the roles were comparable at some level.

Section 5: Case Studies

Case Study 1:

An Exploration of the Post of Mental Health Development Worker within Action Mental Health

Introduction

This case study explores the role of a Mental Health Development Worker in an Action Mental Health New Horizons Unit. The purpose of this case study was to explore the day-to-day duties of the post holder and to explore the post holder's perceptions of the role while paying particular attention to the perceived impact of the role.

The post holder has been in the post since September 2004, initially carrying out the duties of the training coordinator but has been working solely as a Mental Health Development Worker for seven months. The post holder's background is in psychology and has extensive experience working with an agency and as a client support worker.

Methodology

A semi-structured interview was undertaken which lasted approximately one hour and fifteen minutes. Afterwards a 5-hour non-participant observation period was undertaken during one of the post holder's normal working days. The use of the "thick description" and "participant quotes" are used to illustrate the observations. Finally secondary data relating to the role was requested from the post holder and analysed. Full details of the case study methodology are described in the methods section of this report.

Analysis

Interviews were transcribed verbatim and detailed notes from observations were formulated. Content analysis of the data was undertaken using Jackson's (1998) approach. This involved reading and rereading the interview transcripts, identifying key substantive statements and organizing these statements into themes or categories. Secondary data was also reviewed, analysed and incorporated into the findings.

Findings

Semi-structured Interview

Interview questions were under several headings; the background of the post holder, their day to day role, employer expectations, perceptions of their role, training, client needs, crisis situations, organisational issues, nurse/nurse issues, communication, key drivers and the future of the role. This schedule was designed to incorporate the findings of manager and post holder interviews in phase one and two of the research.

Background of post holder

The mental health development worker was a psychology graduate who had worked with a variety of clients in diverse settings – including clients with mental health problems. A previous post as a client support worker in another organisation had required a lot of crisis intervention work and again she worked closely with individuals who experienced mental health problems.

The post holder is considering returning to university to study social work and truly values the insight the present post provides.

"You meet so many people with so many different backgrounds. Different kind of illnesses as well. First hand experience in a career sense means so much. Also I know that working with a lot of social workers and CPN's at the moment – it's a great insight into what they do."

Key Duties and Job Description

The post holder described the role as diverse and her duties were continually expanding. Notably, she alluded to a range of duties which related to the referral process, signposting or being a listening ear.

"It might be sign posting. It might be listening giving someone a tissue or taking part in the induction process as well of all new clients all through the referrals process as well. Referral forms coming in, showing people around and whatever."

Furthermore the development worker stressed her networking role. She was required to link in with the Community Mental Health Services in dealing with their mental health needs. This was vital to prevent relapse and as a support in crisis situations.

"A lot of work with key workers and stuff, people with mental health might be deteriorating. They might be getting ill. Or again people who are really stable, it's keeping in contact with all the key workers so people know what's going on. Crisis prevention as well as doing crisis work as well".

The post holder also had a role in co-coordinating training activities specifically relating to mental health needs. Close contact was maintained with clients in developing such programmes which could range from yoga to stress awareness and highlighted that all aspects of client health would be the responsibility of the post holder.

The post holder assessed the job description as broad, general and unreflective of the job. Furthermore, the job title was considered to be vague and difficult to interpret. Consequently the role was perceived as autonomous and very responsive and had the potential to be moulded by the present post holder.
"The job description was very, very general, ….This job is 100 times more then whatever was on the job description to start with. Definitely".

"Yes, you obviously do interpret it your own way but whenever I first came here – because there was no one else to shadow."

Team Involvement
The post holder also stressed there was a lot of team involvement and described this role within the team as a "*problem solver"*. Any issues concerning client's mental health were relayed onto the staff development officer to investigate the issue further and there were very effective communication channels between the staff team. Communication occurred informally during morning and evening periods or at formal weekly meeting in which each client was discussed separately. Comments included:
"For example if a client hadn't been in for two weeks or disappeared or maybe she got a concerning phone call from a client she would automatically throw that on to me…. any kind of issues and concerns about any clients she would come around to me with it."

"I was really impressed at the start at the communication, the level of communication and people really care and you notice."

The post holder also acknowledged that s/he had drawn on the expertise and prior knowledge of other staff and gained feedback and guidance in the post from other colleagues.
"So I learned a lot just through example at the start of saying this is happening, what would so and so have done before. I was going to do that. Would that be right?"

Differences between roles

The post holder highlighted there was a lack of awareness concerning what individuals do in similar roles with different titles across the organisation. Although the development officer acknowledged that s/he has *limited knowledge* of what others did, s/he speculated that there were some similarities and differences. Speaking specifically about the nursing role s/he suggested:

"I feel our job roles would be quite similar. Because she would be developing. Like she did an anxiety management course and I know my manager wants me to implement a couple of courses like that as well in the future".

She suggested that differences in a person's background would impact on the role. Speaking about the nursing role s/he was aware of nurses took blood pressure, weight and were more familiar with the medications.

"I assume it's more medically orientated – on the medical model. I know I would be more person centered. The psychology background is different. Definitely different from a nursing background".

Also having visited a unit with a client support worker s/he was struck by the amount of training planning and co-ordination they undertook. S/he contended the client support workers role reflected the role of the training co-coordinator within her unit rather then the mental health development worker. The units were described as very different despite being under the umbrella of Action Mental Health.

"We all know the units are very different. All the staff teams in all the units know that we have the same organisation but completely different units. It is completely different. They are completely different, definitely. The feel and the atmosphere."

Communication

The post holder was aware of a lack of communication but expressed indifference and questioned the reason for active communication channels in the present climate as there was great diversity across the service and also the roles.

However, s/he advocated good communication for post holder's beginning in this job as it allowed the post holder to become more familiar with their post. S/he emphasised that communication could serve an important purpose if there was unity and consistency in the job and across New Horizon Units. Comments included:

"It would be brilliant if we were all doing the same and we could talk to each other every week and ideas and developing things whether it's paper work or the induction process or whether its courses or whatever….to try and get a bit of consistency between the job roles and therefore the units."

Purpose of Organisation

While the post holder recognized the potential benefits of having a nursing background s/he advocated the community model and stressed the service was primarily a training service catering for the social needs of clients. The post holder believed client's medical needs were catered for by external agencies.

"We're more social orientated. …you know people come to us after they have been in hospital – and they have their doctors, they've got their GP's, they've got their psychiatrists. They've got they're counselors. They've got their CPN'S and social worker."

The post holder perceived the role was a supporting role and believed their service was not equipped to deal with mentally ill clients, as they do not employ counselors or therapists or anyone to alter medication.

Furthermore s/he queried how beneficial it was for the clients to have a nurse to counsel clients through their problems. S/he drew specifically from her own experiences at the initial stages of the job in which the clients would come to have lengthy conversations about their problems. The post holder tried to empower the clients and do motivational work. To refocus the client on other activities such as training for example.

"A lot of support in that way, a lot of reassurance and a lot of empowerment and encouragement. Instead of sitting and going over the same stuff that people are going over with so many other people. And talking about the same things and the same problems. Its not that you don't listen but you try and focus on something else."

In the post holder's opinion the role was not clinical. Based on the definition of clinical as more hospital orientated, institutional orientated s/he stressed that the role required social skills and training skills.

Priority of client's needs

The post holder perceived that low self-esteem, low confidence and lack of self worth were the primary concerns for clients entering the service. While the post holder acknowledged the importance of their mental health needs, in her opinion Action Mental Health provided a person centered service and did not deal specifically with the illness. Although s/he would discuss client mental health concerns with the Community Mental Health Team, s/he disassociated her role from the role of the mental health professionals. This quotation illustrates the participant's views:

"It doesn't matter what the mental illness is. It makes no difference at all to us. But we will support people if they have specific needs for their mental health. But I think self-development is the most important thing".

Training

Since commencing in this role, the post holder has participated in a manual handling training course and queried the relevance of this to the post. The post holder's view of training within the organisation was poor. S/he felt that more training would have been provided in the ten months since starting the post.

Consistency within the service

The post holder was disillusioned with the lack of consistency across the service. Speaking specifically about paper work, s/he commented:

"None of the other units are using them any more. They have made up their own. We are all using completely different forms, completely different formats, completely different things."

Policies and guidelines

The post holder was especially concerned about the level of vulnerability in the role as a result of the lack of policies and guidelines. The service is in the process of developing these and they were filtering through to staff slowly however the post holder argued that without guidelines s/he must use her professional judgement in making decisions and is currently reliant on the advice of her manager.

In the post holder's opinion, lack of policies and guidelines may lead to an inequitable service and consequently inconsistencies in service provision.

"I think it is important to be consistent for everyone involved. For the staff team and for all the clients. You need guidelines. People need to know where they stand. They need to know what they

can expect from you. ….You need to be able to say in black and white, this is what I'm doing, this is the procedure. Whether it is an induction or referral. Whether there is a complaint about someone or whether a fight breaks out whatever."

Employer and client expectations

Although the post holder admitted that s/he was "*not entirely sure"* what the employer expected, s/he speculated that the employer wanted a central figure within the unit who could cater for the needs of the clients and address the problems experienced by instructors. She believed clients valued a problem solver in this post – someone who could assist them daily in with both practical issues and the area of mental health. Comments included:

"I think clients expect you to have answers and if you don't have then you can find out the answer. For example, I would get clients coming into me asking me about benefits or asking me about housing issues or asking about family or other services within the mental health field or they could have a problem with their doctor or they could be feeling very low. It's kind of like a problem solver. I'd often refer to myself as a problem solver."

Crisis situations

The post holder considered crisis situations another aspect of her work. A detailed example was given of a crisis in which a client attempted to self-harm and s/he described the steps taken to ensure the safety of the client while waiting for the community mental health team.

In this particular situation the key worker responded very quickly and was on site within 30 minutes. However the post holder noted that this was not always the case but attributed the lack of contact to the huge case loads held by the Community Mental Health Team. Furthermore, from experience, the post holder stated that their response in emergency situations was commendable. The importance of a good working relationship and professional competency was stressed.

Again the post holder reiterated concerns about the lack of guidelines and the level of ambiguity and uncertainty it creates in crises. Also s/he queried the level of support in stressful situations.

"But my main problem is that there is no guidance, there is hardly an structure. As I said even in that situation I still don't know to this day if I did the right thing."

The post holder noted that s/he had sought support and peer guidance in stressful situations to help cope with the situation effectively. S/he stated the role can be quite emotive and emotionally challenging but at the moment there is no avenue to effectively deal with this and it is not encouraged within the Unit.

"Your own feelings….. If someone is in pouring their heart out to you telling you heartbreaking stuff – you have your own feelings about it and I feel you should be able to go to your supervisor with that as well. I know I have been able to in previous jobs. This is the first job that I haven't been able to."

View of Action Mental Health as an organisation

In general the post holder was very positive about what the organisation offered, again s/he expressed concern about the lack of policies and guidelines and reiterated that the service must remain client focused and not be preoccupied with statistics, funding and figures.

"I think that the people in head office don't have that much of a clue about what goes on at this level. ….Its not about the stats its not about the funding – its all very important yes but its about people. The people you're helping, the people that are using the service…"

Observations

The observations took place in the New Horizon Unit and from 10.45am to 3.30pm. Observations were undertaken mainly in the post holder's office. The observation period highlighted several key aspects to the development workers role:

- Meeting potential new clients

The observation period started with an initial visit to the post holder by a potential new client, which may lead on to a referral. The post holder indicated that this helped to assess risk and confidence levels of the new client. The visit was on a one-to-one basis between the potential client and post holder however on this occasion the researcher accompanied the two parties with the verbal consent of the client. The visit lasted approximately twenty minutes. During this time the client was given a tour of the Unit and an explanation by the post holder of what the Unit could offer. The client was given reassurance and an opportunity to ask questions. It was interesting to note that the key worker accompanying the potential client filled in the referral form without any consultation with the client. This was a stark difference from what the post holder was advocating. The post holder constantly referred back to the needs of the client and what he

wanted. The importance of a good relationship with the key worker was highlighted in this instance.

- Open door policy

The post holder stressed she had a simple system in place – when the door was open she was available but when the door was closed she was likely to be with another client and was not to be disturbed. This was a system which was acknowledged by the clients and staff within the service. In observing the post holder, it became evident that that the open door policy worked effectively.

- Paperwork and phone calls

Throughout the observations, it was evident that the post holder had a lot of paper work to catch up on from the previous week and spent her day working on referral forms (reading them and putting them into a data base). Phone calls also took up a large proportion of time, with the post holder trying to contact the Community Mental Health Team and the Prison Service to arrange a visit for a client.

- Communication

The post holder communicated easily with both clients and other members of staff and it was evident that this was a necessary part of the job. In terms of informal communication, the post holder joked and chatted with the clients. The post holder also had informal conversations with other members of staff one of which discussed concerns about a client who was very upset, low and agitated. The post holder requested that the manager keep a close eye on the client during activities.

- Community Mental Health Team

A specific incident during the observation period highlighted the interaction between the post holder and the Community Mental Health Team. The post holder had made a discovery the week previous that a particular client had not been allocated a key worker in the community since being discharged from hospital in January 2005. The maximum waiting time for a key worker to make contact is four weeks. However, this situation had become urgent, as the person in question had experienced a crisis in her personal life and the post holder attempted to contact the Community Mental Health Team with regards to this issue. This was a difficult situation as Action Mental Health is unable to make referrals and require the involvement of the Community Mental Health Team. The post holder commented that the community mental health team were a "*nightmare to*

get hold of but it wasn't their fault" as they had very large caseloads. After five to ten attempts, the post holder got through to them and it emerged that the client's records had been lost. Two hours later, the referral had been made.

While making these calls, the development worker checked on the client systematically to see how she was doing. The client was well supported during this time.

Secondary Data

Table 4: Mental Health Development Worker – Job Description Summary

Role:
The overall purpose of the post is to take part, as a key member of the unit's multi-disciplinary team, in the rehabilitation and training of individuals with a range of mental health and/or learning disability needs with a view to:

- Meetings the mental health needs and enhancing the development and quality of life of our clients
- Creating opportunities for progression towards independence and employment
- Addressing changing needs and opportunities
- Promoting positive mental health and social inclusion
- Encouraging a culture of life long learning and equality of opportunity
- Securing achievements and positive outcomes for clients

Responsible to: Service Manager **Accountable to:** Area Manager

Key Result Area 1: Client Recruitment and Induction
- To take the lead role in the client recruitment and induction process
- To provide keyworker support to clients during the period of their induction
- To encourage and support clients to adhere to the agreed attendance and training programme
- To meet an agreed set of annual operational targets related to client recruitment, service occupancy and training/development outcomes.

Key Result Area 2:Supporting Client Welfare/Mental Health
- To undertake the initial assessment and preparation of personalized development plans.
- To ensure all clients are assessed and reviewed & to identify viia the review, assessment and development planning process, areas of need regarding personal development & health education
- To plan and deliver appropriate training on an individual & group basis
- To ensure that all training is evaluated and where possible is delivered at a level that will provide clients with recognized qualifications
- To provide or source externally, appropriate advice, guidance & support on mental health related issues.
- To ensure that any areas of risk regarding clients are assessed and managed appropriately.

Key Result Area 3: Quality Assuring Service Delivery
- To ensure all client info held in files and on the computerized database is current and accurate
- To ensure that all administrative recording and stats reporting is completed within timeframes
- To maintain aspects of legislation & organizational Health & safety standards

Key Result Area 4: Personal Training and Development
- To participate in training and development practices, which develop the skills and capacity, to carry out all related aspects of the job.

- To undertake responsibility for the implementation of a personalized workplan.

Key Result Area 5: Collegiate Relationships
Internal: to maintain effective working relationships with local staff team & contribute to meetings
External: to be proactive in maximizing networking relationships & attend client review meetings

According to the job specification the primary role of the Mental Health Development Worker related to rehabilitation and training of individuals with mental health needs. The job description focused on empowering and enabling the client group to develop independence and opportunities for social inclusion. The post holder also highlighted the facilitative nature of this role.

Five key result areas were identified (as cited above). The majority of these areas were discussed in the course of the interview or observed during the case study. For example the post holder obviously had a lead role in the client recruitment and referral process and maintained effective working relationships internally and with external agencies. Again it is important to note that the Mental Health Development Worker felt their job title was vague and the job description was very broad.

Conclusion

The post holder advocated the community model and saw the needs of the clients as social needs. There was a strong sense of team involvement and a lot of informal communication between team members throughout the observation. The observations also highlighted the importance of a good relationship with the Community Mental Health Team and difficulties contacting the Team were brought to the fore.

The post holder was newly appointed to this post and the case study interview highlighted the lack of policies and guidelines as a primary area of concern. S/he felt very vulnerable especially in crisis situations and was presently using own judgment in making decisions. Also the training for this role was perceived as irrelevant and more appropriate training opportunities should be provided.

Case Study 2:

An Exploration of the Post of Staff Nurse within Action Mental Health

Introduction

This case study explores the role of the Staff Nurse in one Action Mental Health New Horizon Unit. The main focus of this case study was to highlight the day-to-day duties of the post holder and to explore her perceptions of the role while paying particular attention to the perceived impact of the role.

The individual has been in the post since 1997 following a reconfiguration process. Prior to this date the staff nurse had worked in the organisation as an Assistant Manager in Nursing and Healthcare but chose to downgrade to Staff Nurse Grade D/E to be a single nurse for the New Horizons Unit following redundancies.

Methodology

A semi-structured interview was undertaken which lasted approximately one hour thirty minutes. This was followed by a 5-hour non-participant observation period was undertaken during one working day. Finally secondary data for the role was obtained and analysed. Full details of the case study methodology are outlined in the methods section of this report.

Data Analysis

Interviews were transcribed verbatim and detailed notes from observations were formulated. Content analysis of the data was undertaken using Jackson's (1998) approach. This involved by reading and re-reading the interview transcripts, identifying key substantive statements and organizing and re-organising these statements into themes or categories. Secondary data was also reviewed, analysed and incorporated into the findings.

Findings

Semi-Structured Interview

Interview questions were structured under several headings: the background of the post holder, their day to day role, employer expectations, perceptions of their role, training, client needs, crisis situations, organisational issues, nurse/nurse issues, communication, key drivers and the future of the role. This schedule was designed based on the findings of the manager and post holder interviews in phase one and two of the study.

Findings

Key Duties - Referral Process

The post holder had a very active role in the referral process, in facilitating a preliminary meeting and during the initial induction. This process was the beginning of the assessment procedure and the service was currently piloting a mental health assessment package known as the Tidal Model to help improve this practice. The post holder also liaised with instructors and the manager concerning new clients. Comments illustrating this included:

"I try to establish from the client's perspective all factors relevant to their mental health – the duration of their mental ill health, the severity, the client's insight or lack of medication compliance and the effects of this on clients, living situation, family support, and aspirations for the future."

Training

The post holder highlighted the aspects of planning, co-ordinating and delivering training programmes for the client group, based on their preferences within the role. As a staff nurse, s/he delivered multiple training courses including stress management, assertiveness, relaxation therapy, and health education and also had sessions on a one to one with some clients. Currently s/he is organising social and recreational events also.

"Most importantly I work one–to-one with clients whose problem cannot be addressed due to various reasons such as their inability or the sensitive nature of their problem which they do not wish to share with other clients."

Clinical aspects of the role

The post holder identified clinical and non-clinical aspects of the role. In the post holder's opinion, the mental health of the client was the most significant aspect of the role. S/he had frequent communication with external agencies for client reviews, fostered good working relationships between Action Mental Health and statutory agencies, liased directly with client's families and educated staff on clients' mental health.

The post holder noted that as part of the provision of services, the Health and Social Services Trust specifies that the New Horizon Unit should employ a Registered Mental Health Nurse. The post holder noted that the Community Mental Health Team refers clients to the Unit knowing there is a nurse on site and to ease their case loads. Furthermore, the post holder believed, based on her analysis of the client group (i.e. illness and length of stay), that this Unit seemed to be used

for the client groups with severe and enduring mental health problems within the Trust area. The post holder commented:

"But our CPN would state very clearly and have done in the past they refer people here because there is a qualified nurse because of the severity of people's mental illness. ….Also because of their caseloads they rely quite heavily on us to provide support for the day-to-day dealings with emotional mental health problems. To take the workload off them".

Differences between roles

The post holder speculated that the role was similar to the roles of development officer and client support worker in some aspects but different in others. In the post holder's opinion, these differences were reflective of the needs of the Unit and of the client group attending the Unit.

The post holder viewed the role as training-focused with little emphasis on client mental health needs and believed that s/he was providing a similar service accessing, coordinating and delivering training but that additional skills extended to the mental health domain and allowed the post holder to cater for the mental health needs of the client.

The post holder indicated that recent presentations by a staff nurse and client support worker highlighted the differences between roles. In reference to the introduction of a new assessment measure the post holder commented that the staff nurses within Action Mental Health embraced the model but it was alien to non-nursing post holders commenting:

"Those who weren't nurses were silent. And as one of them said to me I don't know if I can manage that."

Problems arising from not being a nurse & crisis situations

The post holder contended that the safety of the client would be compromised if there was not a staff nurse on site. In particular s/he argued that mental health deterioration may go unnoticed and this could have grave consequences for the client group. Also medication required constant monitoring and s/he was concerned about post holders' lack of knowledge and awareness of side effects. Comments included:

"Someone who is going into mental health relapse and it is not being picked up on because maybe that area of mental health assessment isn't being addressed."

The post holder emphasised that s/he experienced crisis situations that required professional judgement and skills and although the Community Mental Health Team are supposedly always available, attempts to contact them can prove very difficult. Although she acknowledged this situation has recently improved as a result of the appointment of assessment manager.
"If you are looking for them, 9 times out of 10 its leave a message on the answer phone and when they get back into the office they will get in touch with you. So to say that they are there available to you everyday is not the way that it works."

The post holder stated that as a professional s/he has the trust and confidence of the consultant psychiatrist and therefore she can contact this person directly if required to do so.

Support
While the post holder was content with the level of support at local level from managers and colleagues, concern was expressed about the lack of professional guidance and support at central management level. The post holder queried who was upholding clinical governance within Action Mental Health and maintaining sound professional practices. Concern was also expressed that the units worked in isolation:
"Who is addressing our skills to ensure that we are up to speed that we are providing good practice, or providing the opportunity for us to share good practice or supporting each other? Very much the units are in isolation."

The post holder also questioned whether the organisation valued nursing staff and highlighted that post holders were not given the opportunity to meet on a regular basis. The post holder appealed for a qualified professional at management level. Commenting:
"I would like to see at central level that there is someone there with the skills background with mental health to help shape the service and help support those of us who are on the ground. You mightn't need to access it that often but it would be just nice to be part of the team."

Training
The post holder viewed the training opportunities within the organisation very positively and has been involved in a number of relevant training programmes to enhance her skill base, which s/he plans to continue in the future. The post holder highlighted that this may be related to the support of the manager who advocates education, training and life long learning and therefore was very accommodating to the post holder's suggestions. Comments included:

"I'm lucky enough with this manager … I think she is very supportive as in helping me access what I want, provision, upkeep and prep…this may be down to my manager rather then the organisation."

Purpose & View of the organisation

The staff nurse perceived the organisation very positively and believed that Action Mental Health advocated independence and gave support for people with enduring mental health problems. In the post holder's opinion it is an excellent and worthwhile service and s/he commended their sensitivity and understanding in personal situations describing the service as:

"Brilliant organisation. In what they offer. The service the facilities. If this weren't here this area would be in big trouble. We have almost 100 clients and as I say with the community mental health teams relying on us to deal with chronic enduring mental health."

While the post holder noted the benefits to clients of Action Mental Health, s/he did feel that there is a lack of training for the instructors, a lack of clinical governance and professional standing in relation to mental health issues.

Communication

Communication in the service was viewed as informal with little structure or organisation. While there was informal communication between post holders, there is little interaction between the Units otherwise. While the post holder accepted that employees themselves might be criticised for not highlighting their needs, s/he also emphasised that the lack of clear communication can leave post holders feeling devalued and unappreciated.

Employers expectations

As an employee who has worked with the organisation for over 20 years, the post holder noted there has been a great deal of change and that this has lead to uncertainty and ambiguity in the post holder's role. The post holder confessed to not knowing what the employer's expectations are. The participant accepts that the role is not primarily a nursing role but is willing to embrace its diversity.

The post holder forcefully challenged the concept of one role and one job. In her opinion diversity is required to reflect the needs of the clients and the Units. Comments included:

"But as I say to you I don't think there is any one role that fits every unit because every unit is so different with the client group and the level of illness that is coming and the needs of those people. And to say this is what you are and pin hole it into a box. Someone is going to miss out somewhere."

The post holder stated that there is a lack of communication from management level with staff about the future of their posts and felt that frontline staff need reassurance about their posts and the future of the service.

Client expectations

The post holder perceived that clients expect a qualified professional individual with the essential skills (e.g. confidentiality) and understanding to assist them in any difficulties. These difficulties could be concerned with their mental health needs but often included more generic problems, which could impact on their mental health status. The post holder emphasised that s/he could be approached with a range of problems and the staff nurse must be able to direct them to appropriate services, commenting:

"But when you say nurse, automatically they have that picture of confidentiality. Someone who can understand, someone who knows someone who can help."

Skills

The post holder pinpointed academic qualifications and relevant experience as the two primary skills for this post with the significance of personal qualities also outlined. Organisational skills, forward planning and multi-tasking were also highlighted as important qualities as the job is diverse and responsive.

"First and fore most I would probably say the academic, skills and training and background is needed within this role and for me, my unit is the only one I can talk about. For here I think it is essential for someone who has come through the training that has spent periods of time and studied and understands mental health."

Future of the role

The post holder accepted that the role is developing and embraced change for the future. However, the future direction of Action Mental Health was a concern expressed by this post holder stating that training must not be prioritised over the client's mental health needs and the service must remain client-led. The following comments illustrates this point:

"I don't have any concerns about the role changing. Because it has always evolved – it has always changed – that's good. So long as in that the mental health is not being pushed aside because we are getting our money for training, we are getting our money for providing an exit programme and we're getting our money for this – that we don't become funding driven totally."

"If it gets to the stage where the clients are suited to the service rather then the service is suited to the client well that is definitely time to jump ship".

Observations

The observation of the staff nurse at a New Horizons Unit identified several key aspects to her role:

- Liaison with relevant staff

The staff nurse was observed meeting with a number of relevant staff throughout the observation period. She was observed in an advisory capacity with a staff nurse/residential officer from the rehabilitation unit as they met to discuss the needs of seventeen clients prior to a multi disciplinary team meeting. Furthermore during a meeting with the dual diagnosis practitioner concerns regarding clients were mutually discussed in an open and relaxed atmosphere. This meeting also led to discussions on organisational aspects concerning the care of clients during the holidays and the auditing of a new screening tool to asses alcohol intake.

- Client contact

The staff nurse was observed in two differing aspects of her role in direct client contact. She was observed in a clinical role having been alerted to a client with elevated blood sugar levels by a key worker, she assessed the situation and ensured there was no cause for further concern following a discussion with the client. The staff nurse was also observed participating in a training programme for clients run by the Workers Education Authority. Here her role was facilitative working one to one with a client and in group tasks. Where the one to one interaction was observed the supportive nature of the role was highlighted as the client was assisted to elaborate her individual responses to the tasks and encouraged to share her views with the group. When the client was able to do this she received positive reinforcement and praise from the staff nurse. The group were also given time to reflect on the training prior to dispersal.

- Organisational aspects

Throughout the observational period the role of the staff nurse as a source of organisational focus for New Horizons was evident. This was noted, for example, with a phone call from a relative of a client, following which the staff nurse contacted the Community Mental Health Team concerning the client. Furthermore, the staff nurse and the dual diagnosis practitioner had discussed the difficulties that arose when a client became unwell and the Community Mental Health Team was unavailable. In this situation the staff nurse had organised for the client to be admitted to the local hospital.

This short observation period highlighted the flexibility required for the post to respond to client need both on a continuing basis but also in response to current problems as they arise. To be able to achieve this clear communication with relevant staff members and clients and their families/carers is important.

Secondary Data

Table 5: AMH Staff Nurse – Job Specification Summary

Role:
Responsible to the Service Manager in the participation as part of the part of a multidisciplinary team of AMH employees in the rehabilitation of mentally ill clients.

Duties:

i. To participate in the pre-entry assessment of clients through the mechanism of the initial visit and pre-induction programme and to assist the Service Manager to determine if individuals are appropriate for the range of AMH's services.
ii. To participate in the application of the AMH Induction Assessment Programme and in the consultation with the Service Manager and client, for the drafting of development plans
iii. To ensure the effective implementation and review of development plans in consultation with identified personnel and the Service Manager.
iv. To participate in conducting Periodical Assessments of clients when required
v. To provide ongoing counseling & support for client's and their families when required.
vi. To maintain, in conjunction with the Service Manager, a close liaison with professional staff of the statutory and voluntary sectors.
vii. To assist in the provision of staff training in mental health and to participate in the instruction and supervision of student nurses and post student nurses allocated for AMH experience.

Responsible for:
Maintaining membership and proper compliance with the UKCC Code of Professional Conduct and adherence to the AMH Ethic Code of Conduct as it applied to all employees of the Company

Attending such conferences and training courses which the Company considers appropriate for the continuation of a high standard of performance.

Assisting in the provision of a first-aid service for all clients and staff attached to the local Unit.

Reporting to: (a) Service Manager

The staff nurse job specification required nurses to work in compliance with the UKCC Code of Professional Conduct and Action Mental Health Ethical Code of Conduct. Their duties involved assessing the appropriateness of new referrals, to draft, implement and review development plans, to provide counseling and support for client's and their families, to maintain close contact with professional staff, to provide staff training in mental health and to participate in the instruction and supervision of student nurses. The majority of these clinical skills were highlighted in the course of the research but the post holder role was viewed as very flexible and duties also extended to non-clinical work such as planning, co-ordinating and delivering training.

Conclusion

The clinical aspects of the nursing role were highlighted in this case study. Like other staff nurses working in the service the post holder highlighted the mental health needs of the clients and stressed potential problems associated with not having a staff nurse. Furthermore the post holder was concerned with the lack of structured communication and clinical governance within the organisation.

During the observations the level of professional contact between the post holder and external agencies was highlighted. The views of the post holder was obviously well respected and taken on board by fellow professionals. The observations also demonstrated this post requires a high degree of flexibility and adaptability to respond to the needs of the clients and the unit.

Case Study 3:

An Exploration of the Post of Client Support Worker within Action Mental Health

Introduction

This case study explores the role of a Client Support Worker in one New Horizon Unit. The main focus of this case study was to highlight the day-to-day duties of the post holder and to explore her perceptions of the role while paying particular attention to the perceived impact of the role.

The post holder had been a catering manager, then a citizen's advisor, following this she worked as a development officer in women's aid and then commenced in this current role as a Client Support Worker.

Methodology

A semi-structured interview was undertaken which lasted approximately 45 minutes. This was followed by a 5-hour non-participant observation period was undertaken during one working day. Secondary data relating to the role was obtained and analyzed. Full details of the case study methodology are described in the methods section of this report.

Data Analysis

Interviews were transcribed verbatim and detailed notes from observations were formulated. Content analysis of the data was undertaken using Jackson's (1998) approach. This involved reading and rereading the interview transcripts, identifying key substantive statements and organizing and reorganising these statements into themes or categories which exhaustive and conclusive. Secondary data was also reviewed and incorporated into the findings.

Findings

Semi-structured Interview

Interview questions were structured under several headings: the background of the post holder, their day to day role, employer expectations, perceptions of their role, training, client needs, crisis situations, organizational issues, nurse/nurse issues, communication, key drivers and the future of the role. This schedule was designed to incorporate the provisional findings of manager and post holder interviews in phase one and two of the research.

Key Duties and Job Description

The client support worker develops recovery plans for the client group and promotes client well being through the organisation of recreational and training activities. Initially the individual in this post assisted the staff nurse but the staff nurse has since left the post and s/he now works alone in the role of client support officer. Consequently the post holder considered job specification to be inappropriate and irrelevant. The skills the post holder identified as important for the post included networking skills, organisational skills, people skills and planning. S/he also specified that her role involved networking and signposting and s/he had to be aware of community supports and how to access them. S/he was appreciative of the level of independence in the post and referred to the role as a developing one, and commented:

"Part of my job is to develop and I have been allowed to manage my own products. It's nice not to be shadowed. You're allowed to get on with the job at hand - I learn everyday."

Differences between roles

The post holder claimed that s/he had a limited knowledge of the other roles but drew on her experiences job-sharing with a nurse in the past. While s/he acknowledged the skills of the nurse, s/he considered that the approach differed as the client support worker was more community focused while the nurse worked from a more medical approach. This was illustrated by the post holder's reply explaining the review process:

"The staff nurse focused on the medical aspect of things – in discussing sicknesses. Going down that avenue. And in reviews I have sat in it was very – how are you going and focusing very much on the illness – as opposed what I would be doing – what are your goals? What would you like to get involved in? What are your external stressors? Are there any barriers to engagement?"

Also because of lack of medical support, that post holder stated that s/he draws on external supports such as the Community Mental Health Team and directs clients to available services.

"I do not have a nursing background and if I am getting clients yes they will be seen but its very much delegation and make sure they get the correct support that is required…. I network wherever I can and signpost. But I am not ignoring the illness."

Need for a nurse in the role

On querying whether there a need for a nurse in this post the post holder reiterated the importance of personal development and community involvement and the level of support available from the Community Metal Health Team.

"I don't feel there is a need for a nurse. All clients – have community mental health nurses, CPN's assigned to them and if they don't someone can be summoned very quickly to get a professional view on that aspect of things."

The post holder suggested that a nurse could have a negative impact on client recovery by allowing clients to discuss their illness and problems. In comparison, the post holder's method was more action focused. The post holder was very aware of her limitations in dealing with certain sensitive and emotive cases and had a firm grasp on what her own boundaries were, commenting:

"I am by no means an expert and if you go that route you'll not put anyone in danger. I'm certainly not diagnosing or labeling people and I think it is very much common sense a lot of this work."

Crisis situations & Support

In dealing with a crisis situation the post holder emphasised the need for good working relationships both internally and externally. S/he stressed the importance of team support in making decisions and consequently the responsibility was shared. Comments included:

"I don't feel I work here alone with any client. I work very much within a team. As we liaise with network with the team before any action is taken. So I don't feel I have a case load that I am solely responsible."

The post holder praised the Community Mental Health Team's involvement in dealing with crises, as there was always an accessible social worker. Further, s/he emphasised there was a lot of preventative work to avoid potential crises and weekly meetings could help to identify client deterioration and possible relapse.

Employer and client expectations

Following the Action Mental Health consultation process, in which clients were asked their views of the current service provision of Action Mental Health, the post holder believed that the

organisation required an individual to develop life skills and personal development programmes. The post holder felt that the client support worker fulfilled the requirements of this role better then a staff nurse could.

"I think they needed someone in to broaden that area for them and coming from a nursing background I don't think the community approach sits well with them. Some nurses it does but others – I think you need someone with a community background and I suppose not looking at the medical model but looking very much at the social model."

The post holder indicated that there had been an initial sense of loss for the staff nurse but the client group adapted well to her role.

View of Action Mental Health as an organisation

The post holder believed in the service praising the service ethos and stressing that the service was effective in what it was trying to achieve. The post holder advocated a person centred approach and contended that clients should be consulted in developing programmes

Support

Although the level of professional support in crisis situation was viewed as positive, the post holder felt it could be improved further by improving communication between units and being given the opportunity to liase with fellow post holders, commenting:

"Even though I have the support of my team – my colleagues here. I do feel that it would be helpful to link up with other workers in other units and share information."

Furthermore the post holder felt that there is a level of professional isolation and the high emotional element of the job can be exhausting. The client support worker suggested having quarterly meetings and trying to establish consistency between the units.

Training

The post holder appeared to be very content with the level of training provided within the service and felt it was relevant and accessible if requires commenting:

"Oh I think it is very good. It gives you a good opportunity to progress. And I would have no problem through my performance appraisal to identify training needs. There are plenty of opportunities to voice your training needs. We had boundaries training a couple of months ago."

Observations

The observation of the client support worker in this New Horizons Unit took place during day one of a three-day induction process for clients. Therefore although it may not have been a typical day, nevertheless several key aspects to the role were identifiable:

- Organisational aspects

As the observation occurred during the induction process the organisational skills required to fulfil the post were evident with the client support worker keeping clients informed about current activities, discussions with the chef regarding a forthcoming initiative in the unit to address issues of obesity and health eating, meeting with instructors to ensure that resources were available to allow the classes to run and helping to facilitate the essential skills task. This activity was integrated with client meetings, a discussion with the manger concerning new clients and several phone calls required to attempt to locate a missing client. Thus observation of this suggests the need for flexibility but with a high level of concurrent organisation.

- Communication

Throughout this observational period the client support worker was in almost constant communication with clients or other staff members. It is notable that much of this communication was on an informal basis with the client support worker answering client queries and providing information as she met clients in the building. This included the reassurance of a client she met in the hallway who appeared uneasy and the greeting of a new physically disabled client. The trust that clients had in the client support worker was suggested as they highlighted to her that one of the clients had not been collected that morning. A meeting with the physically disabled client and his key worker was also observed. The client support worker was observed during this meeting to be reassuring and accommodating to this client who had particular needs and spoke of bad experiences in the past. She emphasised the potential flexibility of the service and took him to inspect the toilet and canteen to ensure that they were suitable for him. She also ensured that he was aware that there was not a nurse onsite.

The supportive aspects of the client support worker for other members of staff was also evident, as she emphasised with one staff member about the demands being placed on him by new initiative and was supportive to others who were taking some of the induction classes.

- Client contact

The observation of the client support worker on a day of induction for clients allowed the identification of many aspects of her role with them. As noted previously this included the facilitation of the induction day but also the more informal awareness of new clients' possible needs by the reassurance that the service was flexible for them and provision of any further information that was required. The client support worker also had short one to one sessions to assess the mental health needs of the new clients based on both their referral forms and information from the clients themselves.

This short observation period, during this induction day, highlighted the many aspects of the client support worker's role. These included the organisation of the ongoing activities of the unit alongside the ability to respond to changing circumstances like the reassurance of a new client, or the need to try and locate one who was missing. The approachability of the post holder to clients was also evident throughout this observation.

Secondary Data

Table 6: Client Support Officer – Job Description Summary

Role
Responsible to the Service Manger for supporting clients recovering from mental ill health and/or learning disability who are engaged in a range of training and rehabilitation programmes and participating as a key member of the units Multidisciplinary Team

Responsible to: Service Manager **Accountable to**: Area Manager

Key Result Area 1: Quality Assurance and Service Delivery
- To participate in the pre-entry assessment of clients visit and induction programme
- To assist staff nurse in the implementation of devlopment plan & facilitate future reviews
- Too maintain in conjunction with staff nurse, a close liaison with professional staff
- To satisfy all contractual requirements of funders
- To ensure compliance with all legislative requirements and company procedures/guidelines
- Promote the work of the organisation

Key Result Area 2: Business outcomes
- To support staff nurse to achieve annual budgets, to maximize clients attendence in the units, in support of the staff nurse assist with the organisation and delivery of a range of suitable personal development and basic skills programmes

Key Result Area 3: Staff Support & Development
- To co-ordinate and implement the client review process with the Instructor/key worker
- To provide support where necessary to unit staff in relation to day to day client issues

Key Result Area 4: Operational Administration

- To assist in maintenance of databases, to prepare programme of work and operate on own initiative, to ensure all administration is completed in accordance with the organizational guidelines and statutory requirements

Key Result Area 5: Personal Training and Development

- To participate in training and development practices which develop skills and capacity to carry out job, to undertake responsibility for the implementation of a personalized work plan.

Since the client support officer came into post there has been changes to her role and the job description has not been updated for these changes. Primarily the staff nurse left the post and this has an impact on nature of the post holder's duties. The post holder is not assisting the staff nurse, as the job description suggests, but is working on a full time basis without the supervision and support of a staff nurse.

During the interview the post holder alluded to these changes and stated her job spec was no longer relevant in describing her present post and duties.

Conclusion

The post holder's role was highlighted as a co-ordinating role. Throughout the day the post holder organized clients for training activities, followed up absenteeism and liaised informally with staff and clients to ensure the service is adequately meeting the needs of the client group.

Like the mental health development the post holder advocated the social model and based on this outlook s/he argued that the support of a nurse was not necessarily required and promoted team involvement. The post holder viewed the training opportunities within the organisation very positively but felt there was a high degree of professional isolation and lack of emotional support. Again the flexibility of the role came to the fore.

Analysis of Secondary Data

An analysis of the job descriptions of the post holders indicates that there are similarities and differences between these roles.

Firstly, the staff nurse job description concentrated on their clinical role. This job specification required nurses to work in compliance with their code of professional conduct and focused primarily on providing support for the mental health needs of the clients, through periodical assessments, counseling for client's and families and maintaining close professional relationships with the statutory and voluntary sector. They were also required to use their expertise to train staff and supervise student nurses.

This differs from the job descriptions of the client support officer and the mental health development worker. Although the mental health development worker was required to meet the mental health needs of the clients, there was also a focus on empowering and enabling the client group; "to plan, deliver and evaluate appropriate training for the client group and to carry out administrative duties such as recording and statistical reporting." Furthermore, the mental health development worker could provide or source externally appropriate advice, guidance and support for clients on mental health related issues and had to be prepared to participate in training to develop the skills and capacity to carry out all related aspects of the job.

As the title suggests the client support officer "supports" clients recovering from mental ill health who engage in training and rehabilitative programmes. Inspection of the key result areas indicate that the role also has an administrative focus, as post holders are required to work towards business outcomes and carry out operational administrative tasks (e.g. maintaining databases) as well as participating in personal training and development. Furthermore service promotion was specified as a duty. Involvement in inductions, client assessment and review, formulating development plans and networking were detailed in all three job specifications.

It should be noted that the detail in each job description differed. The staff nurse job specification was concise while the job descriptions of the other post holder's were more detailed and based on key result areas. The last date of review for the job descriptions should be taken into account when interpreting these findings.

Section 6: Discussion and Recommendations

Discussion

Action Mental Health has developed rapidly in recent years and there are ongoing changes in the organisation as a result of the reconfiguration process. In this study, the roles of staff nurse, development officer and client support officer were examined across the New Horizons and Accept Services. The aim was to explore how these roles should develop in the future.

The four phases of the research (interviews with managers, interviews with post holders, client profiling and case studies) were designed to ensure an encompassing view of these roles. This research also considered the key drivers for the role, the support provided, issues regarding having a nurse or non-nurse in post and further aspects of the roles.

The research identified that there was a level of confusion among managers and post holders in identifying the organisation's overall aims and objectives. Some participants believed that Action Mental Health was a mental health provider and others felt it was a community focused training organisation. Participants' perceptions of the organisation and its goals impacted on their opinion of these roles. Some favoured the employment of staff nurses while others believed a development officer or client support officer fulfilled the role more effectively. The level of confusion in defining the service must be noted as an area of concern.

The number of job titles across these roles reflects the separate development of these posts within individual units. For twelve post holders, there are five separate job titles - staff nurse, development officer, mental health development worker, client support officer and project co-ordinator. In the absence of guidance and policy these roles have developed in isolation. Their evolution appears to have depended on the skills, abilities and background of the post holder, the unit's requirements, the funder's requirements, and the needs of the client group.

While the post holders carry out some generic key duties, the case studies highlight that their roles are very different. For example, the staff nurse had a high level of involvement in multi-disciplinary team meetings; the client support officer was focused primarily on training co-ordination and the induction process and the mental health development worker support concentrated on client referrals and accessing the community mental health team for a vulnerable client. Furthermore, the staff structure within the organization impacts on the post holder's

responsibilities. For example, the mental health development worker worked along side a training co-ordinator, while the client support worker did not.

Common duties were identified through post holder and manager interviews. These related to their role in client recruitment and the induction process, training and development, maintaining effective working relationships both internally and with externally and client reviews. Other duties were related specifically to the separate job titles. For example, service promotion was identified as an important duty by the development officers, while monitoring medication, intervention and staff training were identified as core duties by the staff nurses. This suggests that the roles compare in some respects and differ in others. Provisional analysis of documented job descriptions suggest the duties and responsibilities associated with the staff nurse, client support worker and mental health development worker do vary.

The differences between roles were also explored with the post holders but the findings are difficult to interpret as there was little understanding or awareness among participants of what the different roles entail. Some post holders suggested that the roles were justifiably different while two managers felt that they were similar.

The nurse/non-nurse debate was outlined in detail in the content analysis section of this report. The argument for having a nursing qualification was presented strongly by nurse post holders and two managers. While other non-nurse post holders and managers acknowledged the potential benefits of appointing a *"modern nurse"*, most managers stated that a nursing qualification was not an essential requirement of the post. Managers identified working with disadvantaged groups and mental health awareness as critical experience for the role.

However caution must be exercised in interpreting these findings. Some managers and post holders alluded to the fact that the units operated autonomously and the needs of the client group might vary. Also one nurse post holder believed that the Community Mental Health Team referred more acutely ill and unstable clients to particular units knowing there was a nurse onsite and others suggested having a nurse was part of the service level agreement with funders. It should be noted that there is a service level agreement with one Health and Social Services Trust under which it is specified that a nurse may be required. This agreement affects one New Horizons Unit and one Accept Service. Both of these Units/Services employ a nurse at present,

although one is employed under a different title. The organisation should clarify if the absence of a nurse in the unit would lead to a reduction in referrals and hence funding.

The client profiling arrangement identified thirteen broad diagnosis categories for clients attending the New Horizon Units. In comparison Accept clients have a smaller range of diagnostic categories (i.e. five broad diagnostic categories). Perhaps this reflects the client's divergent needs and could have implications on whether or not a nurse was employed in a specific unit. Nonetheless, it could be argued that the clients are not within a mental health facility and hence a mental health nurse is not required. Rather, the community mental health team is available if a psychiatric problem or crises arises. It could also be argued that being detached from a multidisciplinary community mental health team means that a unit-based mental health nurse becomes deskilled over time.

The argument that the availability of the Community Mental Health Team in crisis situations negates the need for a nurse in the role needs to be assessed. The study suggests that different units have had different experiences but for the most part contact with Community Mental Health Team can prove difficult as a result of their heavy caseloads. It would be prudent for this system to be explored further to evaluate its effectiveness. The Community Mental Health Team have a statutory obligation to provide a service within a geographic area. Therefore, should Action Mental Health have to employ nurses because of workload and staffing pressures on the local CMHT?

The study suggests that professional development and on the job training may be unit specific and dependent on the post holder's background. Training for the role was viewed as inadequate for staff nurses and more experienced development officers but was seen as appropriate by other post holders. The dissatisfied group felt that more relevant and advanced mental health training was required for their role. However, this relates back to the confusion regarding the mission of Action Mental Health. If the organisation's purpose is to provide a mental health service, then advanced training in this field would be expected; if the purpose is to provide community focused training organization, then such training may not be appropriate.

Also there was clear incongruity between the views of post holders and those of managers. Managers felt that the organisation was very responsive to the training needs of post holders; however two managers suggested that the onus was on the post holder to identify those needs.

Perhaps more structured mechanisms would allow post holders to identify and justify their training needs.

Support at a local level was considered satisfactory but the need for professional support was recognised from both nurse post holders and from some managers. Clinical supervision and appraisal were seen as necessary for professional development and to ensure safety for clients and guide post holders in clinical matters. The present system was seen as inadequate. Also the professional standing of the organisation on issues of clinical relevance was questioned by participants.

Other issues that the study identified related to the inability of Action Mental Health as a voluntary organisation to attract staff nurses. This was partly a result of the unsatisfactory salary scale, which was unreflective of client need. Affecting change and client contact were outlined as key motivators, however, there was a level of uncertainty among post holders with regard to employer expectations.

NISCC Qualification Framework Strategy

The Northern Ireland Social Care Council (NISCC) was established by the Health and Social Services Act (NI) 2001. Its remit was to establish registers of key groups of staff, publish codes of practice for social care workers and their employers, regulate the education and training of the workforce, and qualifications and standards development (NISCC, 2004). Furthermore, it was tasked with reviewing and updating the contents of the Qualification Framework to ensure that it continues to meet the sector's needs. The categories included in this Framework incorporate a range of care settings for all service user groups, namely older people, people with a learning or physical disability, people with mental health difficulties and families and children (NISCC, 2004). It is evident from the table of required/recommended/relevant qualifications developed by this QFSG that there is little agreement on the precise qualifications required employment. Apart from those posts for which a diploma in social work is required, there are no other specified qualifications identified for any posts. The guidance did not include the type of job titles used by those in the case studies; therefore a direct comparison between the recommendations and the current posts was not possible. However, in view of the variety of qualifications represented by the QFSG it is perhaps not surprising that the job descriptions and personnel specifications included in the case studies are not consistent. While experience in the area of mental health was

considered essential, as was the need for excellent communication skills, there were differences in whether or not a professional qualification was required.

Northern Ireland Review of Mental Health and Learning Disability

The Review of Mental Health and Learning Disability (Northern Ireland) will complete its final reports in 2005. Part of this review is the completed Strategic Framework for Adult Mental Health Services. This framework stated that research evidence and information from service users, carers and service providers identifies significant gaps and deficiencies in provision for people with mental health needs in Northern Ireland (Review of Mental Health and Learning Disability, 2005). This framework provides a road map for major reform of mental health services for adults, which will take 10-15 years to achieve and has identified a number of underpinning elements; developing the workforce, information and information management, research and development, and resourcing the changes. It is too early to assess the impact of the Review on the roles referred to in the present study.

Presently the Chief Nursing Officer's Review of Mental Health is being undertaken to identify a new strategy for mental health nursing in NHS funded care in England. This will help establish how mental health nursing can best contribute to the care of service users in the future and may impact on the role of staff nurses within Action Mental Health.

Limitations of the Study

The study had some limitations, which are outlined below:

- The observations of the staff nurse, mental health development worker and the client support officer were limited to a five-hour period and there was no input from the clients, management or referral agents.
- An attempt to compare and contrast the three roles through focus group interviews proved unsuccessful because there were inadequate numbers. An information session informing post holders of the different roles followed by a focus group discussion would be beneficial.

Recommendations

Arising from the findings of this study, the following recommendations are offered:

Purpose of the organisation:

- While senior management within Action Mental Health may have a clear understanding of the organisation's vision, aims and objectives, consideration should be given to clarifying these with some employees and clients.

The need for role definition:

- There is a need to develop policies and guidelines to assist and guide post holders in this role.
- Clear job descriptions should be provided for staff which reflects their current duties and responsibilities.
- Careful consideration should be given to appropriate job titles for the post holders considering the need for some level of uniformity across Units and Services.
- Role developments, the remit of the role and employer expectations should be communicated to the post holders clearly and effectively.

Development of the role:

- The findings would suggest that the employment of staff nurses in these posts is desirable but not a necessity. However, differences between Units and Services, client need and Service Level Agreements from Trusts may have an impact on this decision and should be considered in the future development of these roles.
- Supplementary research to evaluate the role should be undertaken to include the perspective of clients, other staff working in the Units, senior management of the organisation and staff from referral agencies and Health and Social Services Trusts.
- Consideration should be given to revising the terms and conditions for the post holders.

Training

- Strategies should be developed to allow post holders to identify their training needs and ensure where appropriate that these needs are addressed.
- Training based on employee's competency and more advanced practice should be provided for post holders.

Support

- Communication between the post holders in different units should be encouraged and promoted.
- Opportunities should be created for post holders to meet on a regular basis.
- A higher level of clinical support should be provided for all post holders from a qualified professional at management level.
- A clinical supervision scheme should be considered

Community Mental Health Team

- The extent of the support of the Community Mental Health Team should be evaluated and further research is required in this specific area.

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Appendix 1: Phase One Interview Schedule

Interview schedule for managers

1. What do you think is expected of the employees who come into this role?
Prompts:
Academically/Qualifications
Previous experience
Personal disposition

2. Tell me about the post holder's key duties?
Prompts:
Clinical aspects
Non-clinical aspects
What do they do on a day-to-day basis?

3. What support mechanisms are in place for people in this role?
Prompts:
Infrastructure –policies, guidelines
Peer support Process
Support for education/training etc.
Appraisal/Clinical Supervision

4. In your opinion is there a need to have a registered nurse in this role? Why?
Are there benefits to having a registered nurse in this position? If so what are they?
What issues can arise from the post holder NOT being a registered nurse?

5. In your opinion are there key differences between the roles of staff nurse/development officer and client support officer? If so, what are they?
Do they all do the same job?

6. Has AMH found it difficult to recruit nurses? What do you attribute these difficulties to?

7. Would you say the service is deriving value for money at present in relation to these roles?
Prompts:
Utilizing qualifications & employee skills
Employee's level of performance

What could the service do to improve this situation?
Prompts
Rewards Programme
Recognition of staff
Changes in salary

8. In your opinion what are the key drivers behind this role?
Prompts
Professional Development
Recognition/Respect
Financial Motivators

9. In your opinion has AMH changed over the years? What are theses changes?

10. Do you have any further comment to make?

Appendix 2: Phase Two Interview Schedule

Interview Schedule with Post holders

1. What you think of the organisation?

2. What is your job title and what duties do you carry out on a day-to-day basis?

3. How did you come to take this position?
Prompts
Training
Qualifications
Previous Experience

4. How does this fit with your career aspirations?

5. What do you think is expected of you in this role?
Prompts
Employer expectations
Clinical Nursing aspects of the post

6. How do you perceive the job at present?

7. In your opinion is there a need to have a registered nurse in this role? Why?
Are there benefits to having a registered nurse in this position? If so, what are they?
What issues can arise from a post holder NOT being a registered nurse?

8. In your opinion are there any difference between what you do and what people in the other roles do? If so, can you outline these differences?

9. What in your opinion are the key drivers/motivators behind this role?
Prompts
Professional Development
Recognition/respect
Financial motivators/ Salary

10. Do you believe your salary is sufficient – Are you happy with the terms and conditions of this job?

11. Have you any further comment to make?

Appendix 3: Stage 4 Interview Schedule

Interview Schedule for Case Studies

Day to day role
- Will you give me an overview of what duties you carry out on a day-to-day basis?
- Do you feel that your duties reflect your job specification?
- If No – what are the differences?
- Do you feel that your role is different to that of a nurse/dev worker/client liaison worker in the same post?
- If Yes how is it different?
- What is your role within the team?
- Are there any clinical aspects to your job? If so what are they?
- What are the non-clinical aspects of your role?

Background of post holder
- How did you come to take up this position?
- What are your qualifications?
- What previous experience did you have that was relevant to this role?

Expectations
- What do you think is expected of you in this role? (Employer expectations)
- What do the clients expect from you?

Perceptions of role
- How do you perceive your role at present?
- What do you like or dislike about your post?
- In your opinion, what skills are required to do your job well?
- Have you had any difficulties in carrying out the role? If so, what are they and why do you think this is?
- Do you feel you are adequately prepared to meet the clients' needs?

Training
- What training have you undertaken while with the service?
- Was this training useful to you in relation to this role?
- Do you have any unmet training needs at present?

Organisational Issues
- How do you feel about Action Mental Health as an organisation?
- In your opinion, what is the purpose of the organisation? (Training organisation/community mental health organisation)

Client Needs
- How would you prioritize the client's needs? (Social needs v mental health needs)

Crisis Situations
- Are you ever faced with a crisis situation?
- If yes, can you give an example?
- What steps would you take in a crisis situation?
- What support do you have available to you in this type of situation?
- How effective do you perceive the community mental health team in crisis?

Nurse/Non-nurse Issues
- In your opinion is it necessary for a nurse to carry out this role? If so, why? If no, why not?

- Are there any issues that can arise from a post holder *NOT* being a registered nurse?
- In your opinion, are there any differences between your role and that of …staff nurse or dev officer for example? If so what are these differences?

Communication
- How do you view the communication channels between the different units?

Key Drivers
- What in your opinion are the key drivers/motivators behind this role?

Future of the Role
- How do you see this role developing in the future?
- How would you *like* to see the role developing in the future?